

# Certification Form

## OPA Access-A-Ride TransitBenefit Program

1065 Avenue of the Americas 16<sup>th</sup> Floor New York, NY 10018



### Access-A-Ride Coupon Certification

**Undelivered, Damaged, or Lost/Stolen Access-A-Ride Coupon(s).**

**Please mail to TransitCenter, Inc., at the above address, or fax this form to 212-719-1822**

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Employee Name: \_\_\_\_\_

Employee Reference #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Department: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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I certify that (check one)

- I did not receive my Access-A-Ride Coupon(s). Total amount \_\_\_\_\_.
- My Access-A-Ride Coupon(s) (Amount \_\_\_\_\_) is lost/stolen.
- My Access-A-Ride Coupon(s) (Amount \_\_\_\_\_) is damaged (**Damaged coupon(s) must accompany this certification.**)

I further certify that the information I have provided is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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#### TransitCenter Use only.

Replacement Coupon Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Replacement issued by/Date

\_\_\_\_\_  
Issued by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature