METRO
METRO REGIONAL TRANSIT AUTHORITY
416 Kenmore Blvd. Akron, OH 44301
(330)762-7267 - (800)654-7537
FAX - (330)564-2230

FOR METRO USE ONLY	
Date Training Requested:	
Start Date:	End Date:
Photo ID: Y / N	ID#:
Comments:	

APPLICATION FOR METRO LINE SERVICE TRAVEL TRAINING

PART A: PERSONAL INFORMATION

1.	Last Name:		2.	First Name:	
3.	Address:				
4.	City/State:		5.	Zip Code:	
6.	Phone Number:	7.	Cell Number:	8.	Date of Birth:
9.	Emergency Contact/Relationship/Phone:				
10.	Signature:				

PART B: TRAVEL INFORMATION

11.	Have you ever used METRO Line Service?	☐ Yes	☐ No
12.	Have you ever used METRO SCAT service?	☐ Yes	☐ No
13.	Describe why you are requesting travel training for METRO Line Service?		
14.	What are your goals for travel training?		
15.	Where would you like to travel via METRO Line Service?		

PART C: DISABILITY/MEDICAL INFORMATION

16.	Do you have a disability or medical issue that may make traveling on METRO line service more difficult? If yes, please describe disability or medical issue:	☐ Yes	☐ No
17.	Do you use a mobility device?	☐ Yes	☐ No
	If yes, what type of device do you use? ☐ Cane ☐ Wheelchair	☐ Scooter ☐ Electric Wheelchair	☐ Walker ☐ Other _____
18.	Can you travel in inclement weather? (Snow, Rain, Cold, Heat)	☐ Yes	☐ No
19.	Can you wait at a bus stop without difficulty?	☐ Yes	☐ No