Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Stephanie Pollack, MassDOT Secretary & CEO
Brian Shortsleeve, Chief Administrator and Acting General Manager

massDOT
Massachusetts Department of Transportation

Conducting Your Own Senior CharlieCard Event

As a Boston-area Council on Aging/Senior Center, you can now conduct your own Senior CharlieCard events! This allows you the flexibility to schedule events at your convenience and as often, as would be beneficial to your constituents. To do so, follow the steps below:

1. Identify a group of at least 15 seniors 65+ who are interested in applying for an initial Senior CharlieCard.

2. Take a digital photograph of each individual from the neck up against a solid background.

3. Have each senior fill out one of the attached "MBTA Reduced Fare CharlieCard Form," and check off initial. (If the applicant is replacing their CharlieCard or has any questions the applicant can contact 617-222-3200.

4. Make a photocopy of the senior's valid RMV issued ID or Passport, and staple the photocopy to the "Reduced Fare CharlieCard Form."

5. Write down the file name of the senior's photo on the IMAGE # line on the "MBTA Reduced-Fare CharlieCard Form."

6. Move all of the photos to a CD or DVD. Label the disc with the name of your organization and the date of the event.

7. Have a representative from your organization sign the attached "CharlieCard Event Verification Form".

8. Mail the disc of photos, as well as the completed forms to:

   Attention: Lisandra Serrano
   MBTA CharlieCard Store
   7 Chauncy Street Concourse
   Boston, MA 02111

9. Please keep a copy of the photos and forms for your records.

10. The CharlieCards will be mailed directly to each senior. It will take anywhere from 2-6 weeks to process the CharlieCards.

CharlieCard Event Verification Form

To the best of my knowledge, the information presented within the enclosed CharlieCard forms are accurate. I understand that falsifying information in order to qualify for a Reduced-Fare CharlieCard is strictly prohibited by Massachusetts Bay Transportation Authority policy.

_____

Name of Council on Aging/Senior Center

_____

Representative (Employee) of Council on Aging/Senior Center

_____

Representative's Signature

_____

Date

MBTA REDUCED-FARE CHARLIECARD FORM

IMAGE# _____

Please Provide the Following Information:

Circle One: Initial or Replacement

First Name:

Last Name:

MM/DD/YR:

MAILING ADDRESS:

Street Address:

Apt#

City /Town:

State:

ZIP Code: Contact Number: (   ) _____

Customer Signature: _____

The information provided by you will only be used by the MBTA and its authorized agents. We will only use this only for customer services purposes, including creating an account for your participation in one of our Reduced Fare Programs