



**Miami Dade County - Public Works Department – Causeway Division
 C-Pass/C-Card Application and License Agreement**

1. PERSONAL INFORMATION:

Mr. / Ms. _____ Date of Birth: _____
 (Last Name) (First Name) (Middle Initial)
 Driver License No. _____ State _____ Country _____
 Address _____
 City, State, Zip _____ E-mail: _____
 Phone: Work _(_____) _____ Ext. _____ Home _(_____) _____

2. VEHICLE #1 INFORMATION: C-Card ___ C-Pass___

VEHICLE #2 INFORMATION: C-Card ___ C-Pass___

Vehicle License Plate: State _____ Number _____
 Year _____ Color _____ Make _____ Model _____ # of axles _____
 Vehicle License Plate: State _____ Number _____
 Year _____ Color _____ Make _____ Model _____ # of axles _____

By signing this application, the applicant agrees to the terms and conditions set forth in The C-CARD/C-PASS User Agreement as amended. A copy of the C-CARD/C-PASS Agreement will be provided to the customer upon delivery of the C-CARD(S)/C-PASSE(S) and is immediately available at The Causeway Division, 2601 Brickell Avenue, Miami, Florida 33129. Upon first use of the C-Card/C-Pass, the applicant acknowledges that he/she has received the C-Card/C-Pass User Agreement and will comply with all the terms and conditions within.

3. APPLICANT'S SIGNATURE: _____ **DATE:** _____

4. REPLENISHMENT OPTION (for recreational plans only):

Credit Card: VISA ___ Master ___ Exp. Date _____ Credit Card # _____

I authorize Miami-Dade County Public Works Department to charge \$25.00 to the credit card indicated above when my prepaid toll balance drops below \$5.00. I understand that the return of all my devices will indicate closure of my account.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SALES OFFICE USE ONLY BELOW THIS LINE

VEHICLE #1 INFORMATION:

VEHICLE #2 INFORMATION:

Card/Pass: 0 1 2 0 0 _____

Card/Pass: 0 1 2 0 0 _____

Plan Type / Payment Breakdown:

Rickenbacker	Devices Deposit	Plans	Total	Rickenbacker	Devices Deposit	Plans	Total
Resident	\$	\$	\$	Recreational	\$	\$	\$
Commuter	\$	\$	\$	For Hire	\$	\$	\$
School	\$	\$	\$	CC4	\$	\$	\$
Venetian	Devices Deposit	Plans	Total	Venetian	Devices Deposit	Plans	Total
Owner	\$	\$	\$	Commuter	\$	\$	\$

Patron Service Clerk: _____ **Date:** _____

Total Payment Received: Cash \$ _____ Check \$ _____ Check # _____ Card \$ _____

Credit Card: VISA ___ Master ___ Exp. Date _____ Credit Card # _____

INPUT CLERK USE ONLY: Account # Assigned _____ EMP_I.D. # _____