

**DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS
COLLEGE/ADULT EDUCATION DISCOUNT PROGRAM
APPLICATION**

Thank you for your interest in the Department of Transportation and Public Works (DTPW) College/Adult Education Discount Program. Please review the information enclosed and return it to the address below:

DTPW requires a **W-9** and **(1)** original applications sent to:
Department of Transportation and Public Works
Pass Sales Office
701 N.W. 1st Court
Suite 121
Miami, FL 33136

Name of Institution: _____

Type of Institution:

College _____ University _____ Junior College _____ Vocational _____ Religious _____

Technical _____ Other (Please Specify) _____

Under which Regional Accrediting Organizations is your institution recognized by for Higher Education Accreditation:

Accrediting Commission for Community and Junior Colleges (ACCJC) Western Association of Schools and Colleges _____

Higher Learning Commission (HLC) _____

Middle States Commission on Higher Education (MSCHE) _____

New England Commission of Higher Education (NECHE) _____

Northwest Commission on Colleges and Universities (NWCCU) _____

Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) _____

WASC Senior College and University Commission (WSCUC) _____

Please provide your institution's licensing and accreditation information below:

LICENSE NUMBER: _____

LICENSING AGENCY: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

ACCREDITING AGENCY: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

ADMINISTRATOR: _____

SIGNATURE

TYPED/PRINTED NAME

TITLE

DATE OF APPLICATION: _____

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DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS
COLLEGE/ADULT EDUCATION DISCOUNT PROGRAM
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is between Department of Transportation and Public Works (DTPW)
and _____ (Name of Institution).

The following administrative procedures will be followed in this agreement:

1. College Discount EASY Tickets will be available for purchase online through the GO Miami-Dade Transit App. In-office sales to institutions will be considered on a case-by-case basis, following the current fare schedule.
2. For online purchases of College Discount EASY Tickets, students must be listed on the approved college list, download the GO Miami-Dade Transit App, and register an account using their college-associated email address.
3. When purchasing in-office, institutions can buy College Discount EASY Tickets in bulk from the Department of Transportation and Public Works (DTPW).
4. College Discount EASY Tickets shall not be resold by the institution for a price greater than the purchase price.
5. College Discount EASY Tickets sold at institutions are exclusively for **full-time students**, as defined by the institution's policies.
6. College Discount EASY Tickets bought under this agreement at the DTPW Office require prepayment. Alternatively, registered students may purchase the digital college EASY Ticket online through the GO Miami-Dade Transit App.
7. Non-compliance with this agreement or failure to rectify a dishonored check promptly may lead to a disqualification from this program for up to 24 months. Reinstatement will require approval from the DTPW Director, along with a deposit covering two months of payments if disqualification was due to a dishonored check.
8. College Discount EASY Tickets are non-returnable to DTPW, as **ALL SALES ARE FINAL**.
9. Upon request from the County, the institution shall provide a copy of their Florida license and accreditation.

INSTITUTION: _____

ADMINISTRATOR _____
SIGNATURE

TYPE/PRINTED NAME

TITLE

Seal of School

DATE OF AGREEMENT: _____

**DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS
COLLEGE/ADULT EDUCATION DISCOUNT PROGRAM**

SELF-CERTIFICATION

THIS IS TO (RE) CERTIFY THAT _____ (NAME OF INSTITUTION)
IS SELLING/ADVERTISING DIGITAL COLLEGE DISCOUNT EASY TICKETS ONLY TO FULL-TIME STUDENTS OF THE
INSTITUTION AS DEFINED BY THE INSTITUTION'S POLICIES. IT IS ALSO UNDERSTOOD THAT THIS INSTITUTION
IS NOT RESELLING EITHER ITEM FOR A PRICE GREATER THAN THE PURCHASE PRICE.

INSTITUTION: _____

ADMINISTRATOR: _____

SIGNATURE

Seal of School

TYPE/PRINTED NAME

TITLE

DATE OF AGREEMENT: _____

School contact information. Please print clearly.

| | |
|---|------------------------------------|
| School address where College Discount Pass will be sold/offered to students. | |
| Name of school administrator responsible for College Discount Pass Program | |
| School/Contact E-Mail Address | School/Contact Phone Number |