

**EASY CARD SERVICES
GOLDEN PASSPORT / PATRIOT PASSPORT
EASY CARD REPLACEMENT FORM**



Social Security Number: _____

First Name: _____ Last Name: _____

Complete Address: _____

Date of Birth: _____ Telephone: _____

REPLACEMENT CATEGORY Golden Passport-Over 65 Golden Passport-SSB

Patriot Passport

REPLACEMENT REASON

Lost Card Golden/Patriot 1st Time Free 2nd Time \$10 3rd Time \$25

Bill Received _____

Stolen Card A one time fee waiver applies upon presentation of the police report.

Police Report Number: _____

Damaged Card Serial # _____

Cardholder Signature: _____ Date: _____

Replacement by Mail: Customer must mail the police report or replacement fee due (money order only, no cash or checks) to:

Miami-Dade Transit

Golden Passport Services

PO Box 01-9005

Miami, FL 33101-9005

OFFICIAL USE ONLY

Processed by: _____ Date: _____

New Serial#: _____