SECTION C
Confirmation

I have read, understand, and by signing below, agree to be bound by the SmartLink Program Terms and Conditions, and, if applicable, have enclosed a check or money order for payment of the amount indicated in Section B - Payment.

I understand that all statements made in this application may be subject to investigation and verification and a material misstatement or fraud will disqualify me from using my SmartLink Card. I understand that fees paid by me to PATH are not refundable.

PATH SmartLink Card Applicant Signature Required

Date

Return completed form, payment (if required), and required enclosures to:

PATH SmartLink Service Center
P.O. Box 6300
Jersey City, NJ 07306-6300

For additional information, call us at 1-800-234-PATH/7284 from 9 a.m. until 5 p.m., Monday through Friday or visit us at www.pathsmartlinkcard.com. You may also e-mail us at smartlinkservice@panynj.gov.

To review SmartLink Program Terms and Conditions or our Privacy Statement as it relates to the information collected in this application, please visit www.pathsmartlinkcard.com.
This is a request for (check one):

☐ A new SmartLink Card
  • A $5 Card fee and the cost of preloaded trips apply
  • Complete Sections A, B & C

☐ A new registered* SmartLink Card
  • A $5 Card fee and the cost of preloaded trips apply
  • Complete Sections A, B & C

☐ Registration* of an existing SmartLink Card
  • Complete Sections A & C

☐ Changes to my existing SmartLink Card record
  • Complete Sections A & C

☐ A replacement for a registered* SmartLink Card and replacement of the unused trips on that Card
  • Call 1-800-234-PATH/7284 to report your lost or stolen card.
  • A $5 Card replacement fee applies
  • Complete Sections A, B & C
  • Check the replacement reason below:
    ☐ Lost or Stolen
    ☐ Damaged or Not Working
    (Card must be returned with this form.)

* Only registered SmartLink Cards are eligible for the replacement of any unused trips and unlimited passes if the card is lost or stolen.

SECTION A – Information

PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE BOXES BELOW. BOLDED ITEMS ARE REQUIRED.

Current SmartLink Card Number (not applicable for new card requests)
☐ Mr. First Name
☐ Mrs. MI Last Name
☐ Ms. ☐ Sr.

Mailing Address

City

Daytime Phone Number Alternate Phone Number

E-mail Address

Please select one of the following questions for future use for identification purposes by the SmartLink Service Center:
☐ What is your favorite color? ☐ Where were you born? ☐ What is your mother's maiden name?

Please record below the answer to the identification question selected.

SECTION B – Payment

Card Request Type (Check One):

New Card

☐ SmartLink Card with no preloaded trips $ 5.00
  Price includes $5 Card fee

☐ SmartLink Card with 20 preloaded trips $ 31.00
  Price includes $5 Card fee

Replacement Card

☐ Replacement Card $ 5.00
  

Please make your check or money order payable to PATH Corporation.

Proceed to SECTION C