

# TaxiAccess Application

Please print, complete application and mail in a standard sized envelope to:

**Taxi Access**  
Fairfax County  
Department of Neighborhood & Community Services  
PO Box 1388  
Fairfax, VA 22038-1388

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ VA Zip Code \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_  
MetroAccess ID Number \_\_\_\_\_

I, \_\_\_\_\_, am applying for enrollment in the **TaxiAccess** program and certify that I am a current, registered user of **MetroAccess** with the Washington Metropolitan Area Transit Authority (WMATA). I give permission to the County of Fairfax to verify my status as an active **MetroAccess** participant as stated on this application. I understand that I will be disqualified if my claim is found to be inaccurate. I also understand that the County of Fairfax may conduct periodic and random checks of participants enrolled in the **TaxiAccess** program. The County of Fairfax may contact me to ask if the service is satisfactory. I understand that the program is, in effect, contingent upon funding.

\_\_\_\_\_  
Signature Date

Do you use a wheelchair or scooter when you travel? \_\_\_\_\_  
Yes No  
If Yes, can you transfer from your wheelchair to a car? \_\_\_\_\_  
Yes No  
Do you use a service animal? \_\_\_\_\_  
Yes No  
Do you use other adaptive devices when you travel \_\_\_\_\_  
Yes No

\_\_\_\_\_  
(If yes, please specify, i.e. walker, oxygen canister)

**How did you hear about the taxi program?**

- Radio
- Senior Center
- County Agency
- Friend
- Newspaper
- Other \_\_\_\_\_

**Do you use other transportation services? Check all that apply.**

- Fastran
- Metrobus
- Metrorail
- Fairfax Connector
- Cue Bus
- DASH
- Volunteer driver
- Family member
- Taxicab
- Drive my own car
- Other \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR METROACCESS ID CARD with YOUR APPLICATION**