



Application for Rail Travel Privilege Card and Change Request

*Non-Amtrak employees/retirees/widow(er)s, and Amtrak widow(er)s, only.
Instructions for completing this form are on the reverse side.*

1. Application Type: (check one)
 Initial Issue Lost Stolen Damaged Change or Correction (explain): _____

2. Application Date: (mo/day/year) / /

3. Applicant Social Security Number: - - - 4. Prior Social Security Number: - - -

5. Applicant Name: (First, MI, Last) _____ 6. Applicant Date of Birth: (mo/day/year) / /

7. Applicant Street Address: _____ City: _____

State or Province: _____ Zip+4 or Postal Code: _____ Country (if not USA): _____

8. Telephone number (include area code): _____ 9. E-mail address: _____

For Widow(er) Applicants only
 10. Name of Deceased Spouse: _____ 11. Social Security Number of Deceased Spouse: - -

Current Railroad/Terminal Company Employment Data:

12. Status: (check one) Active Furloughed Leave of Absence Retired Widow(er)

13. Current Railroad/Terminal Company Employment Date: (mo/day/year)
 From: / / To: / /

14. Retirement Date: (mo/day/year) / /

15. Current Employer ICC: _____

16. Current Railroad/Terminal Company Name: _____ 17. Division/Department: _____

Previous Railroad/Terminal Company Employment Data:

18. Previous Employment Dates: (mo/day/year)
 From: / / To: / /

19. Previous Employer ICC on April 30 1971: _____

20. Railroad/Terminal Company Employer on April 30, 1971: _____

Home Road Designation for Participating Terminal Company Employees Only:

21. Home Road ICC: _____ 22. Home Road Designation: _____

23. Travel Privileges are requested for the Spouse and Dependents listed below, based on the following documents, copies of which I have attached.
Do not send original documents because they cannot be returned.
 Birth Certificate Marriage Certificate IRS 1040 Other (specify) _____

Name (First, MI, Last)	Date Of Birth (mo/day/year)	Total Disability	Relationship to Applicant	Type of Action	School Name	Expected Graduation Date mo/yr	School Registrar Phone No. & Ext.
	/ /	N/A	Spouse	<input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Deletion	N/A	N/A	N/A
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Deletion		/	Ext. - -
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Deletion		/	Ext. - -
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Deletion		/	Ext. - -
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Deletion		/	Ext. - -
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Deletion		/	Ext. - -

Applicant Certification:

24. I hereby certify that the above information is true and complete to the best of my knowledge.
 Applicant Signature: _____ Date: (mo/day/year) / /

Employer Certification:

25. I hereby certify on behalf of the employer listed below that I have verified the validity of current and prior employment and that the listed applicant, spouse and dependents, if any, are eligible for rail travel privileges. **Do Not Forward Support Documents to Amtrak Travel Services.**

Certification Signature: _____ Title: _____
 Railroad or Terminal Company: _____
 Certification Officer: _____ Date: / / Location: _____

Instructions:

- This form is for freight railroad employees/dependents/retirees/widows/widowers, and Amtrak widows/widowers, only.
- Complete all areas of this form except sections 15, 19, 21, and 25. (These will be completed by your employing railroad.)
- **Send this form to the Certification Officer at your employing railroad. Do not send it to Amtrak.**
- The Certification Officer will complete the appropriate sections, verify your employment information, sign the form, and send it to Amtrak.
- Amtrak employees/retirees, update your information through the Amtrak Benefits Service Center, 800-481-4887. Do not use this form.
Exception: **Widow(er)s of deceased Amtrak employees:** use this form; send it to Amtrak Travel Services. Call 202-906-3745 for the address.

1. Application Type: Check only one application type. If you check "Change/Correction", a brief explanation is required in the space provided.
2. Application Date: Enter today's date.
3. Applicant Social Security Number: Enter your social security number.
4. Prior Social Security Number, if any: If you had a previous social security number, enter it here.
5. Applicant Name: Enter your first name, middle initial and last name.
6. Applicant Date of Birth: Enter your birth date.
7. Applicant Address: Enter your current mailing address. If it is a foreign address, include the country. **An undeliverable mailing address will cause your rail pass to be inactivated. A deliverable address is required for your pass card, and your pass card is required for rail travel privileges.** For USA zip codes, please use the Zip+4 code that applies to your address (example: 94116-1343). You will find this on most utility and credit card bills you receive.
8. Telephone Number: Enter a telephone number where you can be reached if there are questions about your application.
9. E-mail address: Enter your e-mail address, if you have one, where you can be reached if there are questions about your application.
10. Name of Deceased Spouse: Enter the name of your deceased spouse if you are a widow(er).
11. Social Security Number of Deceased Spouse: Enter the social security number of your deceased spouse if you are a widow(er).
12. Current Employment Status: Check only one.
Active.....Active employee of a participating railroad or terminal company
Furloughed.....Furloughed employee of a participating railroad or terminal company
Leave of Absence.....Authorized leave of absence from a participating railroad or terminal company
Retired.....Retired employee of a participating railroad or terminal company
Widow(er).....Widow(er) of a deceased employee or retiree of Amtrak or a participating railroad or terminal company.
13. Current Railroad/Terminal Company Employment Dates: Enter the beginning and ending dates for your current employment. Leave the "to" date blank if you are currently employed. Widow(er)s must enter both a "from" date and a "to" date of the deceased spouse.
14. Retirement Date: If you are a retiree, or if you are a widow(er) of a retiree, enter the retirement date.
15. Current Employer ICC: This code is to be filled in by the Certification Officer.
16. Current Railroad/Terminal Company name: Enter the name of your **current** railroad or terminal company.
17. Division/Department: Enter the name of the division or department that you are employed by or retired from. Widow(er)s must also provide this information, if known.
18. Previous Employment Dates: Enter the beginning and ending dates of your total railroad or terminal company employment, if any, immediately prior to your current employment. Widow(er)s must enter both a "from" date and a "to" date of the deceased spouse.
19. Previous Employer ICC: This code is to be filled in by the Certification Officer, if there is a previous employer name specified in item 20.
20. Railroad/Terminal Company Employer on April 30, 1971: Enter the name of the railroad or terminal company you worked for on April 30, 1971, if any. Widow(er)s must also enter this information of the deceased spouse.
21. Home Road ICC: This code is to be filled in by the Certification Officer, if a home road name is specified in item 22.
22. Home Road Designation: If you are an employee, retiree, or widow(er) of a former employee or retiree of a **participating terminal company** of Amtrak, with a service date on or before April 30, 1971, enter the name of the **Amtrak participating railroad** that you wish to designate as your home road for free transportation privileges.
23. Spouse and Dependents – First Application: Enter the first name, middle initial, last name, and birth dates of all persons you are claiming as eligible for pass privileges. If a dependent is totally disabled, place a check mark (√) in the column headed "Total Disability" and provide supporting documentation. Enter the relationship of each dependent to the applicant. Leave the "Addition/Correction/Deletion" column blank.
Spouse and Dependents – Update: To add or delete a spouse or dependent, or correct the spelling of a person's name, enter the complete name on the appropriate line. Also, check the appropriate reason "Addition/Correction/Deletion" in this column.

A dependent is a person who meets all of the following criteria:

- a. He or she is the natural or legally adopted child or stepchild of the applicant, and
- b. He or she qualifies as a dependent of the applicant under the Internal Revenue Service Regulations for the current tax year.

For dependent children aged 19 through 25 who are full-time students, enter the school name, expected graduation date, and the phone number and extension of the school registrar. If you need more space for additional dependents, provide the same information on another application form completing items 3 and 23 only and attach to this form. **COPIES OF ALL SUPPORTING DOCUMENTS MUST BE ATTACHED TO YOUR APPLICATION. DO NOT SEND ORIGINAL DOCUMENTS.**

24. Applicant Certification: You, the applicant, must sign and date the application here. By your signature you are stating that all of the above information you have provided is true and correct to the best of your knowledge. You should also know that U.S. Federal Statute Title 18, Section 660, makes it an Act of Larceny to abuse your pass privileges or for anyone to willfully permit its misuse.
25. Employer Certification: This application must be signed by a person designated as a pass application-certifying officer by your railroad or terminal company. By signing this application, the certification officer certifies the accuracy of the information provided on this form.