1-Year Pass Order Form



Complete this form if you are mailing or faxing in your payment. Please complete the section below. TriMet will provide you with a registered Hop Fastpass® card loaded with a 1-year pass, or load a 1-year pass on your existing Hop card.

First name	Middle initial	Last name
Address/apt. #		Paytime phone
City		Zip
Email		Choose a 4-digit pin
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Honored Citizens

If you have an Honored Citizen Photo ID card: We already have your photo on file, so you can simply mail this form with your payment to TriMet Pass-By-Mail, 701 SW 6th Ave., Ste. 196, Portland, OR 97204 or fax it (if paying by debit/credit card) to 503-962-2482. If you have questions, give us a call at 503-962-2424, option 3.

If you do not already have a TriMet photo ID card: You'll need to have your picture taken at the TriMet Ticket Office at Pioneer Courthouse Square (701 SW 6th Ave., Ste. 196, Portland, OR 97204) before we can issue your Hop card. The Ticket Office is open Monday–Friday, 8:30 a.m.–5:30 p.m. Submit this form with your payment in person at that time.

If you already have an Honored Citizen Photo ID Hop card: enter the 16-digit card number located on back of card.

Hop card number: _____

Adult/Youth

You do not need a Photo ID card. 🛛 🛛 I need a Hop card

If you already have a Hop card: enter the 16-digit number located on back of card.

Type of Pass	Date of Birth	Price	LIFT To order a LIFT 1-Year Pass, you must be a registered LIFT			
□ Adult 18-64		= \$1,100	Para-transit customer with 12+ months remaining of LIFT eligibility. Contact the LIFT Transit Mobility Center eligibility office (515 NW Davis St., Portland, OR 97209) at			
Honored Citizen 65+/Medicare/disability		= \$308	503-962-8200 or TTY 503-962-8058. I need a LIFT Photo ID Hop card If you already have a LIFT Photo ID Hop card: enter the			
□ Youth 7-17/high school/GED		= \$308				
LIFT		= \$888	16-digit card number located on back of card. Hop card number:			
Replacement		= \$3	I want my pass to begin with the month of:			
Total Due = \$		\$	Note: If you want your pass to begin this month , we need t receive this form by the 10th of this month .			
Check or money o	rder 🛛 Debit	/credit card				

a check of money ofder						
Please enclose a check or money order payable to TriMet for the Total Amount Due.	I authorize my debit/credit card to be charged for the Total Amount Due, and agree to pay the charges indicated above according to the Card Issuer Agreement.					
	Visa [®]	□ Mastercard®	Discover [®]	American Express [®]		
	Credit/debit card #					
	Expiration date			CVV code		
	Name as it appears on card					
	Signature		То	day's date		

OFFICE USE ONLY: Date Received ____

_____ Date Processed