Free 6-Ride Tickets for Social and Health Services Providers

WTA provides up to 50,000 free 6-Ride Tickets to approved local non-profit and public social and health service agencies in our community.



How to Apply

Each year, WTA accepts applications for free 6-Ride Tickets from organizations that serve people with low income or people with disabilities. The 6-Ride Tickets are distributed to approved organizations in December/early January.

To apply, fill out the application and **return it to**:

Planning Division Assistant
Whatcom Transportation Authority
4011 Bakerview Spur
Bellingham, WA 98226

or email it to: grouppassrequests@ridewta.com

Applications must be received by 5 pm on Tuesday, December 8, 2026.
No late applications accepted

Your Responsibilities

6-Ride Tickets:

- Must be kept in a secure location.
- Cannot be sold or traded.
- Will not be replaced if lost or stolen.
- Are intended for distribution to:
  - Those that ask for them
  - Be given in smaller quantities
  - Someone having a specific place they need to go
  - Someone not getting passes from other places
- Are only valid in the year they are issued.
- Must be returned to WTA in the event your program ends.

Reporting Requirements

In the future, if you apply for the 2028 6-Ride Tickets Program, you will be required to provide WTA with the following information:

- How many individuals you provided with 2027 6-Ride Tickets
- How many total 2027 6-Ride Tickets you distributed
- How many 2027 6-Ride Tickets you have remaining

Questions? Contact the Planning Division Assistant at (360) 676-7433 or grouppassrequests@ridewta.com





APPLICATION FOR FREE 6-RIDE TICKETS

Must be received by 5 pm on Tuesday, December 8, 2026. No late applications accepted.

SECTION A
Organization Information

Name of Organization _____

Full Mailing address _____

SECTION B
Contact Information

Contact Person _____

Director's Name _____

Contact Number _____

E-mail _____

Website _____

SECTION C
Eligibility

Does your organization serve the following? Please check all that apply:

- ☐ People with Disabilities
- ☐ Low Income People

SECTION D
Opportunity

Opportunity you will be connecting your client to:

- ☐ Food
- ☐ Medical
- ☐ Recovery Services
- ☐ Work
- ☐ Court
- ☐ School
- ☐ Childcare
- ☐ Other _____

SECTION E
Mission Statement

Please state the mission of your organization as it relates to providing transportation. Attach a copy of your brochure if available.

CONTINUED ON NEXT PAGE

SECTION F

Purpose

1. Who will you distribute passes to?

2. How will you determine an individual is eligible to receive 6-Ride Tickets?

3. How will you verify the individual is not receiving passes elsewhere?

4. How many 6-Ride Tickets will be distributed to an individual at one time and what are your criteria for determining this?

5. How will your agency measure the success or impact of the program on your clients' mobility outcomes?

CONTINUED ON NEXT PAGE

SECTION G

6-Ride Tickets Request

1. Did your organization request free 6-Ride Tickets for 2026?

   ☐ Yes ☐ No If no, skip to question 5.

2. How many unique individuals did you distribute 6-Ride Tickets to in 2026? _____

3. How many total 6-Ride Tickets did you distribute in 2026? _____

4. How many 6-Ride Tickets are left over from 2026? (At the time of submittal of your application) _____

5. How many 6-Ride Tickets in total are you requesting for 2027? _____

   Reminder: WTA's youth ride free program allows anyone 18 and under or enrolled in high school to ride free on all WTA buses.

6. Approximately how many individuals do you expect to serve with 6-Ride Tickets in 2027? _____

7. If you are requesting more 6-Ride Tickets than you originally requested last year, please tell us why:

SECTION H

Pass Pickup

Please choose a time to pick up your passes (Please check one)

☐ Tuesday, December 29th 9:30 a.m. - 11:30 a.m. WTA Main Office (4011 Bakerview Spur)

☐ Wednesday, December 30th 11:30 a.m. - 1:30 p.m. Bellingham Station (205 E Magnolia)

If you are not able to make one of the pickup times, please call (360) 788-9315 to speak with Amber Curry to make other arrangements.

SECTION I

Signature

I agree to abide by WTA's rules as described under "Your Responsibilities" and "Reporting Requirements," provided as a cover sheet with this application.

_____ _____

Executive Director Signature Printed Name

_____

Date

Must be received by 5 pm on Tuesday, December 8, 2026.

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Email: grouppassrequests@ridewta.com

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