

Date:_____

1240 West 6th Street Cleveland, Ohio 44113-1302 Phone: 216-566-5100 riderta.com

Ohio Emergency Partner Credentialing System GCRTA Application

Please complete add information below: RTA Employee ID #:_____ First Name/last Name:_____ State ID/DL Number : Issue State: Phone #:_____ Phone Carrier:___ Job Title: RTA Email:_____ Department:_____ Supervisor Name_____ **Vehicle Information:** Year:_____Make:_____Model:____ License Plate:_____ Issue State:_____ Email completed Application to RKOPP@GCRTA.ORG AND RTULEVSKI@GCRTA.ORG For RTAPD Use Only: Enter by:_____

