

## THE CENTRAL BUSINESS DISTRICT TOLLING PROGRAM INDIVIDUAL DISABILITY EXEMPTION PLAN APPLICATION

Please indicate your application type by placing ✓

☐ **New Application**

☐ **Recertification**

☐ **Appeal Application**

### GENERAL INSTRUCTIONS & REQUIREMENTS

1. The Individual Disability Exemption Plan (IDEP) for the Central Business District Tolling Program (CBDTP) in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ), exempts qualifying vehicles from the CRZ toll when transporting persons with disabilities, including vehicles operated by a caregiver.
2. Applicants must provide certain credentials as part of their application (*See Section II for types of credentials*). If you already have the credentials required per Section II, please complete Sections I to V of the IDEP Application.
3. For those who do not have the credentials, applying is a two-step process. You must first establish eligibility at an IDEP Eligibility Assessment Center.
  - Applicants who need to establish IDEP eligibility at an IDEP Eligibility Assessment Center can schedule an appointment by calling the appropriate number based on their preferred location:
    - **Brooklyn, Queens, and Bronx: 844-233-3377**
    - **Manhattan: 888-811-1050**
    - **Staten Island: 866-685-0690**
  - Please complete the IDEP Eligibility Assessment Center Application and bring it to your scheduled appointment. After your assessment is processed by the IDEP Eligibility Assessment Center, you will receive their determination. If you disagree with their determination, you may appeal by following the instructions in their determination letter.
  - Applicants who establish IDEP eligibility at an IDEP Eligibility Assessment Center are then required to complete and submit the IDEP Application (*Sections I to V*) as part of their application process.
4. Caregivers or representatives of persons with disabilities submitting an application on their behalf must indicate the relationship of the caregiver or representative to the applicant.
5. Persons with disabilities or their caregivers are required to have an E-ZPass NY account to be eligible for IDEP. Each applicant can register only one vehicle — either their own vehicle or their caregiver's vehicle. Applicants will be required to provide a copy of the vehicle registration for the vehicle they are designating to be used for IDEP. The vehicle must be registered to the applicant or applicant's caregiver. If the vehicle is already listed on an existing E-ZPass NY account with other vehicles, the applicant must establish a new E-ZPass NY account for the vehicle selected for IDEP.
6. The IDEP applications can be completed online, visit <https://idep.mta.info>. Applications can also be printed and mailed to the E-ZPass NY Customer Service Center (*See General Instructions & Requirements 8*).
7. Applicants will receive a formal decision once their application is processed. If denied, the decision notice will inform the applicant of the reason(s) for the denial, their right to appeal, and the deadline for appealing. Applicants who applied for IDEP online can log into their account and resubmit their application along with their supporting credentials. Applicants may also appeal by providing a written statement to the New York Customer Service Center (NYCSC) responding to the reason(s) for the denial, including any supporting documents, along with a re-completed Application, checking the Appeal Application box above (*See General Instructions & Requirements 8*).
8. Mail Applications or Appeals to: Customer Account Correspondence  
Attention IDEP Application Processing  
PO Box 15188  
Albany, NY 12212-5103  
  
**NOTE:** Please take care to print the correct mailing address legibly, as the Triborough Bridge and Tunnel Authority (TBTA) is not responsible for any delays in processing caused by misdirected mail.
9. Annual recertification is required for the E-ZPass NY account with IDEP based on the date the plan was added. You will be notified when your E-ZPass NY account with IDEP approaches the expiration date.
10. More information is available on the E-ZPass NY website ([e-zpassny.com](http://e-zpassny.com)); if you have questions, please call the NYCSC at 1-800-333-TOLL (8655).

## SECTION I - General Information

**A.** Name of Applicant *(provide full legal name)*:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**B.** Please indicate whether this application is being submitted by the applicant or by the applicant's caregiver/representative:

\_\_\_\_\_ Applicant \_\_\_\_\_ Caregiver/Representative

**C.** For the vehicle you are designating to be used for IDEP, please indicate who the registered vehicle owner is:

\_\_\_\_\_ Applicant \_\_\_\_\_ Caregiver/Representative

**D.** If caregiver/representative was selected in B and/or C above, please state their full name and relationship to the applicant:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Notary Public

A caregiver/representative whose vehicle is being designated and/or who is submitting this application on the applicant's behalf is required to sign this form in the presence of a Notary Public:

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Signature of Caregiver/Representative named in Section D

Date

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Print Name

State of \_\_\_\_\_ )

) ss:

County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ before me appeared

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to me known and known to me to be the caregiver/representative whose vehicle is being designated and/or who is submitting this application on the applicant's behalf, and who duly acknowledged to me that (s)he executed the same and that the statements therein are factual.

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Signature and stamp of officer:

NOTARY PUBLIC

## SECTION II – PROOF OF ELIGIBILITY

*Applicants MUST submit at least one of the proofs of eligibility below: choose by placing ✓ and provide the specific document requested.*

*Do not submit this application without the required proof of eligibility, or your application may be rejected.*

*Caregivers or representatives submitting this application on behalf of the applicant must provide proof of the applicant's eligibility.*

- ☐ **COPY OF YOUR METROPOLITAN TRANSPORTATION AUTHORITY (MTA) NEW YORK CITY TRANSIT (NYCT) ACCESS-A-RIDE (AAR) ID CARD.**

**NYCT AAR ID Number:** \_\_\_\_\_

**NYCT AAR Expiration Date:** \_\_\_\_\_

[Upload/Attach Documents].

- ☐ **PROVIDE YOUR NEW YORK CITY PARKING PERMIT FOR PEOPLE WITH DISABILITIES (NYC PPPD) INFORMATION\*:**

**NYC PPPD ID Number:** \_\_\_\_\_

**NYC PPPD ID Expiration Date:** \_\_\_\_\_

*\*Only valid permits that were issued on or before 11/15/2024 are being accepted as proof of eligibility. If your permit was issued after 11/15/2024, you must instead establish eligibility by making an appointment for evaluation at an IDEP Eligibility Assessment Center. By submitting this application, you consent to the use of your NYC PPPD information in connection with the evaluation of eligibility for IDEP.*

- ☐ **COPY OF THE ASSESSMENT CERTIFICATION YOU RECEIVED AT YOUR ASSESSMENT CENTER APPOINTMENT.\***

**IDEP Client ID Number:** \_\_\_\_\_

**IDEP Assessment Date:** \_\_\_\_\_

*\*Your Assessment Certification only shows that you attended your assessment center appointment and will become part of your application for IDEP eligibility. The assessment certification does not indicate eligibility for IDEP.*

[Upload/Attach Documents].

### SECTION III – VEHICLE INFORMATION

*Only one vehicle can be registered to an E-ZPass NY account with IDEP, and that vehicle must be registered to the applicant, or the caregiver/representative named in Section I-D above.*

1. Provide the designated vehicle plate information (license plate number and state):

<b><i>Vehicle Plate Number</i></b>	<b><i>State</i></b>

2. Please submit a copy of the vehicle registration for the above vehicle with this application.  
*[Upload/Attach Documents].*

### SECTION IV – E-ZPASS ACCOUNT NUMBER

*To be eligible for IDEP, the applicant or caregiver/representative must have an active E-ZPass NY account. Do not submit this application without providing an active E-ZPass NY account number, or your application will be rejected (See General Instructions & Requirements 5).*

*If the applicant or caregiver/representative already has an E-ZPass NY account but has more than one vehicle on that account or does not have an E-ZPass NY account, the applicant or caregiver/representative needs to establish a new E-ZPass NY account for the vehicle designated for IDEP.*

*To establish an E-ZPass NY account, we recommend applying online or you can mail in an E-ZPass NY application. For more information on how to apply for an E-ZPass NY account, visit [www.e-zpassny.com](http://www.e-zpassny.com)*

**Please provide your E-ZPass NY Account Number**

E-ZPass NY Account Number:

## SECTION V – ATTESTATION

By applying for the Individual Disability Exemption Plan (IDEP), I certify that the vehicle indicated for IDEP will be used for the purpose of transporting persons with disabilities in the Congestion Relief Zone (CRZ). I understand that TBTA reserves the right to reject or terminate IDEP for any participant who has submitted falsified documents or failed to abide by program rules (*see terms and conditions below*), as determined by TBTA in its sole discretion.

If supporting documentation provided as part of this Application is insufficient, I understand that I may be required to provide additional information or documentation to demonstrate eligibility for IDEP.

The completion of this Application and my signature below constitute my agreement to use E-ZPass NY subject to all applicable terms and conditions. Along with the terms and conditions included in this application, the E-ZPass Terms and Conditions will apply. I understand and agree that if I selected a funded E-ZPass NY account with IDEP for use in the CRZ and for account use at non-CRZ facilities, applicable charges may be deducted from my E-ZPass account for its use at non-CRZ facilities.

I hereby certify that I understand and accept the terms and conditions accompanying this Application and set forth in this form, all of which are part of my IDEP application and, if accepted into IDEP, also become part of my E-ZPass NY Agreement.

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***Signature of Applicant (e-signature accepted)***

***Date:***

If this application has been completed by a caregiver/representative, that person must sign the following:

I am the caregiver/representative whose name and address appear in Section I-D. I hereby certify that the applicant has authorized me to add my vehicle to the E-ZPass NY account with IDEP as the designated vehicle indicated in Section III and/or to complete this application on his/her behalf.

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***Signature of Caregiver/ Representative (e-signature accepted)***

***Date:***

## **CBDTP INDIVIDUAL DISABILITY EXEMPTION PLAN: TERMS AND CONDITIONS:**

These Terms and Conditions, along with your Application for the Individual Disability Exemption Plan (IDEP) of the Central Business District Tolling Program (“Application”), constitute the IDEP Agreement (“Agreement”). When you submit this Application, you agree to the following Terms and Conditions:

1. To maintain eligibility for the Individual Disability Exemption Plan, you must maintain a valid E-ZPass NY Account in good standing, and resolve any unpaid toll violations you may owe to the Triborough Bridge and Tunnel Authority (TBTA). Instructions for resolving toll violations are available at [e-zpassny.com](http://e-zpassny.com).
2. The Individual Disability Exemption Plan provides exemptions only for tolls incurred in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ).
3. All E-ZPass NY Account Terms and Conditions and your E-ZPass NY Application, which together constitute your E-ZPass Agreement, apply to this Agreement and are fully incorporated herein by reference. All terms used herein carry the same definitions as those set forth in the E-ZPass NY Account Terms and Conditions for Individual Accounts (*visit [E-ZPass® New York - Terms & Conditions - Individual Accounts \(e-zpassny.com\)](http://E-ZPass® New York - Terms & Conditions - Individual Accounts (e-zpassny.com))*).
4. You acknowledge that by applying for the Individual Disability Exemption Plan, you are certifying that the vehicle listed on your E-ZPass NY account for IDEP that is designated in this application will be used in the CRZ for the purpose of transporting persons with disabilities.
5. Once the plan has been added to your E-ZPass NY account, you will be required to manage any change of the vehicle designated on your IDEP Application by contacting the New York Customer Service Center at 1-800-333-TOLL (8655).
6. Eligible vehicle types for this plan include registered passenger vehicles (station wagons, sedans, sport utility vehicles, pickup trucks, and vans) and motorcycles. You may only use the E-ZPass Tag on a vehicle that corresponds to the classification of Tag provided to you by E-ZPass NY.
7. You acknowledge that your Application is subject to review and verification. Additional proof of eligibility for the Individual Disability Exemption Plan may be requested at any time.
8. Failure to comply with these Terms and Conditions or your E-ZPass Agreement may result in the removal of the Individual Disability Exemption Plan, revocation of your E-ZPass account(s), and/or penalties for violations as outlined in the E-ZPass Account Terms and Conditions.
9. Fraud or misuse in connection with the Individual Disability Exemption Plan is strictly prohibited and may result in the permanent termination and removal of your Individual Disability Exemption Plan, revocation of your E-ZPass account(s), and/or penalties for violations as outlined in the E-ZPass Account Terms and Conditions. Any person who, in connection with any eligibility process for or use of toll credits, discounts, or exemptions, knowingly makes a false statement or falsifies or permits to be falsified any record or records for the purpose of fraudulently obtaining a credit, discount, or exemption from a toll, may be subject to additional penalties.

## IDEP ELIGIBILITY ASSESSMENT CENTER APPLICATION

**Please complete this section ONLY when establishing IDEP eligibility at an IDEP Eligibility Assessment Center and bring it to your scheduled appointment.**

*Please indicate your application type by placing ✓*

☐ **New IDEP Assessment**

☐ **Recertification IDEP Client ID Number** \_\_\_\_\_

**ELIGIBILITY CRITERIA:** You are eligible for IDEP if you have a disability that prevents you from using the public buses or subways. We will review your application, any medical documentation you provide, and ask you to undergo an individualized assessment. During the assessment, we will ask you to demonstrate whether you can: go up or down subway stairs; travel to a subway station or bus stop; get on, ride, and exit a subway or bus; and ride or navigate the bus or subway system independently. Evaluating your ability to do these things will help us determine if you are eligible for IDEP. We will also evaluate your gait, balance, endurance, strength, range of motion, and, if applicable, assess whether you have any cognitive or psychological conditions that may prevent you from using the bus or subway.

**INSTRUCTIONS:** Please complete this application and bring it with you to the scheduled evaluation at the offices of the professional certifier. **To schedule your IDEP assessment, please call the appropriate number based on your preferred location:**

- **Brooklyn, Queens, and Bronx: 844-233-3377**
- **Manhattan: 888-811-1050**
- **Staten Island: 866-685-0690**

**Please give the completed application and any supporting documents to the professional certifier.** It may take up to 3 weeks after your visit to the assessment center to process your application, after which you will receive a notification on your eligibility status.

Your photograph will be taken at the evaluation center on the day of your scheduled in-person assessment.

All the information you provide will be used solely for determining your eligibility for IDEP. **This information will be kept strictly confidential.**

Once you have established IDEP eligibility, you will not require another assessment for five (5) years from the date it was approved unless otherwise indicated.

**Do you need information in an alternate format or language other than English?**

**Check One:** ☐ Large Print ☐ Audio Tape ☐ Braille ☐ Preferred Language: \_\_\_\_\_

**IMPORTANT:** Your evaluation will not take place if you arrive at the evaluation center with an incomplete application. You will have to reschedule the evaluation.

### For Certifier's Use Only

Certifier's Name: \_\_\_\_\_

Application #: \_\_\_\_\_

Date: \_\_\_\_\_



## AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

*(All applicants must sign this agreement)*

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I understand that as a part of the application process, I, or the person on whose behalf I am applying as a caregiver or representative, must attend an in-person evaluation at the offices of a professional certifier selected by TBTA. I understand that the assessment center reserves the right to request additional proof of my disability or my inability to use public buses and subways. I understand that my application will not be accepted at the assessment center if it is not complete. I affirm that all the information that I provide on this application is true to the best of my knowledge.

I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to termination of my eligibility. I also understand that my failure to cooperate with a request for additional information to verify statements made on my application may be grounds for suspension or termination of my eligibility for IDEP. I further understand that my failure to adhere to the policies and procedures for using IDEP may also be grounds for suspension or termination of my eligibility for IDEP service.

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Applicant's Signature

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Date

**If someone other than the applicant has completed this application, please provide the following information:**

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Name

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Relationship to Applicant

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Telephone Number

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Date



## APPLICATION FORM

### 1. How do you currently travel? (Check all that apply)

- ☐ Public Transit Bus    ☐ Subway    ☐ Access-A-Ride    ☐ Not Applicable  
☐ Taxi/Car Service    ☐ Private Vehicle    ☐ Other: \_\_\_\_\_

### 2. Do you have a MetroCard? (Check all that apply)

- ☐ Yes, I use my MetroCard when traveling:    ☐ by bus    ☐ by subway    ☐ No, I don't.

### 3. Is your disability:

- ☐ Permanent    ☐ Temporary: \_\_ 2 months \_\_ 3 months \_\_ 6 months \_\_ Other: \_\_\_\_\_ ☐ I don't know.

### 4. Indicate which support device(s) you use when traveling or walking outside your home.

- ☐ Artificial Limb/Prosthesis    ☐ Oxygen Tank    ☐ White Guide Cane    ☐ Double Wheelchair\*  
☐ Braces/Crutches    ☐ Respirator    ☐ Walker    ☐ Oversized Wheelchair\*  
☐ Lift Required    ☐ Support Cane    ☐ Wheelchair\*    ☐ Wheelchair Scooter\*  
☐ Other (Specify) \_\_\_\_\_

### 5. Do you have a service animal?    ☐ No    ☐ Yes, please indicate the task(s) performed.

- ☐ Guides me    ☐ Alerts me    ☐ Pulls me    ☐ Carries items for me.  
☐ Other (Specify): \_\_\_\_\_

### 6. a. How far from your home is the nearest public transit bus stop?

- ☐ Less than 1 block    ☐ 1 to 2 blocks    ☐ 3 to 4 blocks    ☐ 5 or more blocks.

Identify location of the public transit bus stop: \_\_\_\_\_

### b. How long does it take you to walk to the nearest public transit bus stop?

- ☐ Less than 5 minutes    ☐ 5-10 minutes    ☐ More than 10 minutes    ☐ Not sure

### 7. How often do you travel on public transit buses?

- ☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Occasionally    ☐ Not at All

If you have used a public transit bus in the past, when did you stop? \_\_\_\_\_ (Mo./Yr.)

Why did you stop traveling by public transit bus? \_\_\_\_\_

### 8. a. How far from your home is the nearest subway station?

- ☐ Less than 1 block    ☐ 1 to 2 blocks    ☐ 3 to 4 blocks    ☐ 5 or more blocks.

Identify location of the subway station: \_\_\_\_\_

### b. How long does it take you to walk to the nearest subway station?

- ☐ Less than 5 minutes    ☐ 5-10 minutes    ☐ More than 10 minutes    ☐ Not sure

**13. From the following list, please check off all disabilities or conditions that prevent you from boarding, riding or disembarking from public transit buses or subways.**

**Cardiovascular/Pulmonary**

Angina \_\_\_\_\_  
 Arteriosclerosis/Atherosclerosis \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Bypass Surgery: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chronic Obstructive Pulmonary Disease \_\_\_\_\_  
 Congestive Heart Failure \_\_\_\_\_  
 Cystic Fibrosis \_\_\_\_\_  
 Emphysema \_\_\_\_\_  
 Heart Attack: \_\_\_\_\_ Date: \_\_\_\_\_  
 HTN/Hypertension \_\_\_\_\_  
 Peripheral Vascular Disease \_\_\_\_\_  
 Phlebitis \_\_\_\_\_  
 Thrombosis \_\_\_\_\_  
 Other: \_\_\_\_\_

**General Medical**

AIDS \_\_\_\_\_  
 Atrophy \_\_\_\_\_  
 Chemotherapy Treatment Dates: \_\_\_\_\_  
 \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Edema \_\_\_\_\_  
 Epilepsy \_\_\_\_\_  
 HIV \_\_\_\_\_  
 Lupus \_\_\_\_\_  
 Rheumatoid Arthritis \_\_\_\_\_  
 Kidney Dialysis \_\_\_\_\_  
 Radiation Treatment Dates: \_\_\_\_\_  
 \_\_\_\_\_  
 Other: \_\_\_\_\_

**Vision [Specify eye (s)]**

	One Eye	Both Eyes
Cataracts	_____	_____
Cortical Blindness	_____	_____
Glaucoma (all types)	_____	_____
Macular Degeneration	_____	_____
Retinal Detachment	_____	_____
Legally Blind	_____	_____
Totally Blind	_____	_____
Other:	_____	

**Neuromuscular**

ALS/Lou Gehrig's Disease \_\_\_\_\_  
 Cerebral Palsy \_\_\_\_\_  
 Charcot-Marie Tooth Syndrome \_\_\_\_\_  
 Equilibrium \_\_\_\_\_  
 Fibromyalgia \_\_\_\_\_  
 Hemiplegia/Hemiparesis \_\_\_\_\_  
 Multiple Sclerosis \_\_\_\_\_  
 Muscular Dystrophy \_\_\_\_\_  
 Neuropathy \_\_\_\_\_  
 Paraplegia \_\_\_\_\_  
 Parkinson's Disease \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Quadriplegia \_\_\_\_\_  
 Sciatica \_\_\_\_\_  
 Spina Bifida \_\_\_\_\_  
 Stroke/Cerebral Trauma: Date: \_\_\_\_\_  
 TIA's (Transient Ischemic Attack) \_\_\_\_\_  
 Other: \_\_\_\_\_

**Orthopedic**

Amputation: specify extremity (ies) \_\_\_\_\_  
 \_\_\_\_\_  
 Broken/Fracture: Date: \_\_\_\_\_  
 Degenerative Joint Disease \_\_\_\_\_  
 Gout \_\_\_\_\_  
 Hip Replacement \_\_\_\_\_  
 Knee Replacement \_\_\_\_\_  
 Osteoarthritis \_\_\_\_\_  
 Osteoporosis \_\_\_\_\_  
 Scoliosis \_\_\_\_\_  
 Spondylitis \_\_\_\_\_  
 Other: \_\_\_\_\_

**Cognitive/Psychological**

Alzheimer's Disease \_\_\_\_\_  
 ADD/Attention Deficit Disorder \_\_\_\_\_  
 Autism \_\_\_\_\_  
 Dementia \_\_\_\_\_  
 Head Trauma \_\_\_\_\_  
 Intellectual/Developmental \_\_\_\_\_  
 Panic Disorder \_\_\_\_\_  
 Schizophrenia \_\_\_\_\_  
 Other: \_\_\_\_\_

**9. How often do you travel using the subway?**

- ☐ Daily      ☐ Weekly      ☐ Monthly      ☐ Occasionally      ☐ Not at All

**If you have used the subway in the past, when did you stop?** \_\_\_\_\_ (Mo./Yr.)

**Why did you stop traveling by subway?** \_\_\_\_\_

**10. On your own or using a support device, how far can you travel on a level street? (*Please answer in city blocks*).**

- ☐ Less than 1 block    ☐ 1 to 2 blocks    ☐ 3 to 4 blocks    ☐ 5 or more blocks.

**11. a. Do you require the assistance of a Personal Care Attendant (PCA)?**

A PCA is someone who assists you when you travel.    ☐ Yes    ☐ No

**b. If Yes, what specifically does the PCA do for you when you travel?**

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**12. If you are unable to take some or all of your trips by public transit bus or subway, check off the reasons below. (*Check all that apply*)**

- ☐ Not applicable
- ☐ I feel unsafe traveling by public transit bus
- ☐ I do not like traveling by public transit bus
- ☐ Distance to public transit bus is too long
- ☐ I do not like traveling by subway
- ☐ I feel unsafe traveling by subway
- ☐ Distance to subway is too long
- ☐ Subway station has no elevators
- ☐ No curb cuts
- ☐ No paved sidewalks
- ☐ Inclement weather
- ☐ Extreme cold
- ☐ Hilly streets
- ☐ Extreme heat
- ☐ I cannot travel to an unfamiliar place

***(The application continues on Page 6)***

**14. Please explain why you believe you need IDEP service?**

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**15. From your residence, what are the addresses of your three (3) most frequent destinations?**

Destination Address	Cross Streets	Borough	How often Do You Travel To This Location (Specify)?		
			Daily	Wkly	Mthly
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					

**PLEASE REMEMBER THAT YOU MUST:**

- Complete and sign the Agreement section.
- Complete the application (please be sure to answer every question) and bring it with you when you go to the assessment center.