

Request for an OPUS card authorizing a free travel companion on the regular network

Note: People eligible for paratransit do not have to fill out this form, since their eligibility card already entitles them to a free travel companion on the regular network (bus, metro, train, REM). The paratransit eligibility card is not a transit fare, and these people must have a valid transit fare when they travel.

(PLEASE PRINT)

Section 1 Identification of the applicant

| | |
|---|--------------|
| Name: | Address: |
| First name: | Apartment: |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to answer | City: |
| Date of birth (YYYY-MM-DD): | Province: |
| Primary telephone number: | Postal code: |
| Secondary telephone number: | Email: |

If different, identification of the person completing and signing the form.

| | |
|---------------|-----------------------------|
| Name: | Primary telephone number: |
| First name: | Secondary telephone number: |
| Relationship: | Email: |

Section 2 Identification of disabilities

Please check your significant and persistent disability or disabilities:

| |
|---|
| <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Cognitive or psychic |
| <input type="checkbox"/> Severe learning disability |
| <input type="checkbox"/> Intellectual or ASD |
| <input type="checkbox"/> Motor or organic |
| <input type="checkbox"/> Speech/language disorder |
| <input type="checkbox"/> Visual |

Check if you need to use one of the following when travelling (optional):

| |
|--|
| <input type="checkbox"/> Crutch or cane |
| <input type="checkbox"/> White cane |
| <input type="checkbox"/> Assistance dog or guide dog |
| <input type="checkbox"/> Wheelchair (manual or motorized) |
| <input type="checkbox"/> Walker or rolling walker |
| <input type="checkbox"/> Three-wheeled scooter or four-wheeled scooter |
| <input type="checkbox"/> Other (please specify): |

Section 3 Identification of barriers justifying need for travelling companion

Are you able to:

| | Yes | No |
|--|--------------------------|--------------------------|
| Move around independently | <input type="checkbox"/> | <input type="checkbox"/> |
| Orient yourself in time and space | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicate verbally or with gestures to understand and be understood | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure your own safety | <input type="checkbox"/> | <input type="checkbox"/> |
| Control behaviours that may be detrimental to your safety or that of other users | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4 Declaration by health care professional

This section must be completed and signed by an authorized health care professional.

Based on my assessment, I certify that _____ has the disability or disabilities indicated in Section 2 of this form, justifying the need for a travelling companion during their trip(s) on the regular public transit network (Section 3).

| | |
|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Special educator or special education technician |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Speech-language pathologist |
| <input type="checkbox"/> Respiratory therapist | <input type="checkbox"/> Physiotherapist or physiotherapy technologist |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Psychoeducator |
| <input type="checkbox"/> Medical specialist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Neuropsychologist | <input type="checkbox"/> Vision loss rehabilitation, guidance or mobility specialist |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Social worker or social work technician |

Name of health professional (please print)

*Licence number
(if applicable)*

Telephone number

Signature of health care professional

Date (YYYY-MM-DD)

Section 5 Agreement and signature

As the person entitled to a free travel companion on the regular network, I agree to:

- Show my OPUS card when paying my transit fare and at any time an inspector requires;
- Inform my transportation agency of any address change and of the destruction, loss or theft of my OPUS card;
- Return my OPUS card to my transportation agency if it is not used.

Note: Only one travel companion may travel for free with the applicant. The travel companion is only entitled to travel for free when accompanying the applicant.

I hereby acknowledge that I have read and agreed to the text on the use of personal information entitled INFORMATION UNDER THE ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION (CQLR c A-2.1) at section 7 of this document.

And I declare that, to the best of my knowledge, the information provided on this form is accurate and complete.

Signature of applicant or their representative

Date (YYYY-MM-DD)

Section 6 Submitting the request

The OPUS card entitling me to a free travel companion on the regular network is issued by one of the following public transit organizations in Greater Montréal, in cooperation with the Autorité régionale de transport métropolitain (ARTM).

Send your request to one of the Greater Montréal area's public transit agencies:

exo | 1001 Robert-Bourassa Boulevard, Suite 2600, Montréal QC H3B 4L4 • Telephone: 1-833-255-6396

Réseau de transport de Longueuil (RTL) | 1150 Marie-Victorin Boulevard, Longueuil QC J4G 2M4 • Telephone: 450-463-0131

Société de transport de Laval (STL) | 2250 Francis-Hughes Avenue, Laval QC H7S 2C3 • Telephone: 450-688-6520

Société de transport de Montréal (STM) | 3111 Jarry Street East, Montréal QC H1Z 2C2 • Telephone: 514-786-4636

It may take up to eight weeks to process your request.

Section 7

INFORMATION UNDER THE ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION (CQLR, c A 2.1)

1. The photo OPUS card authorizing a free travel companion (hereinafter the "OPUS companion card") is considered a personalized OPUS card. Personal information collected for the purposes of issuing the OPUS companion card is information that is required either to verify, grant or renew the status of individuals who are authorized to obtain and use an OPUS companion card, or to renew, modify, replace, reactivate or cancel the OPUS companion card, if applicable;
2. Personal information is collected by the issuer of the OPUS companion card serving as delegated manager of the Autorité régionale de transport métropolitain (the "ARTM"), namely the Réseau de transport métropolitain ("exo"), the Réseau de transport de Longueuil (the "RTL"), the Société de transport de Laval (the "STL") or the Société de transport de Montréal (the "STM"), whose respective addresses are listed in section 6 of this form (hereinafter the "PTOs"), for itself, for the ARTM as the program authority allowing issuance of the OPUS companion card, and for the STM, which is responsible for operating the integrated system of public transit ticket sales and revenue collection ("integrated system") computer system for the transit organizations participating in the integrated system, namely the ARTM, the Réseau express métropolitain, the Réseau de transport de la Capitale, the Société de transport de Lévis, the RTL, exo, the STL and the STM, as well as any public transit system operator on the ARTM's territory (the "transit organizations participating in the integrated system").
3. The personal information in question is collected for the following purposes:
 - a) checking the status of individuals authorized to obtain and use an OPUS companion card, including contacting the health care professional identified in section 4 of this form, if required;
 - b) issuing, renewing, modifying, replacing, reactivating or cancelling OPUS companion cards by the PTOs;
 - c) selling public transit tickets and allocating some of the revenue;
 - d) reimbursing or returning public transit fares;
 - e) managing the *integrated system*;
 - f) preventing, detecting or suppressing fraud;
 - g) public transit planning (in de-identified form).
4. The categories of individuals who may, in carrying out their duties, have access to this personal information within the PTOs, the STM as manager of the *integrated system*, and the transit organizations participating in the *integrated system* are the following: customer service agents, transit fare sales agents, as well as employees and consultants of these transit organizations who need such information to perform the duties listed in section 3 of this form;
5. The personal information in question is collected on a voluntary basis. Public transit users may opt to purchase public transit fares on anonymous cards that do not collect any personal information and do not grant any fare privileges, such as a free travel companion on the regular network;
6. Clients who refuse to provide the personal information required to issue an OPUS companion card or who refuse to establish their identity when modifying, replacing, reactivating or cancelling an OPUS companion card or when obtaining a reimbursement or return of a transit ticket may be denied the service or privilege requested;
7. Any individual who has provided personal information to obtain an OPUS companion card or to have it renewed, modified, replaced, reactivated or cancelled has the right to consult the personal information about them, obtain a copy of the information, or request the correction of any information that is inaccurate, incomplete, equivocal or collected in violation of the Act.

To do this, a written request proving the requester's identity must be sent, where applicable, to the access to information officer of the relevant PTO at the corresponding address in section 6 of this form (if the request is addressed to exo, RTL or STL), or to the Société de transport de Montréal (STM), which is responsible for operating the integrated system, and only for the personal information recorded therein, at the following address: 800 De La Gauchetière Street West, Suite 1170, Montréal, Quebec H5A 1J6.