



MaBSTOA

Manhattan and Bronx Surface Transit Operating Authority

CORRECTION FORM

PLEASE PRINT ALL INFORMATION ON THIS FORM, EXCEPT YOUR SIGNATURE.

COMPLETE EACH BOX IN THIS SECTION

Title of Examination	Exam Number
----------------------	-------------

NAME

Incorrect Spelling
Correct Spelling

ADDRESS (New Address)

Mailing Address	Apartment Number
City	
State	Zip Code

SOCIAL SECURITY NUMBER

Incorrect Number	Correct Number
____ - ____ - _____	____ - ____ - _____

TELEPHONE NUMBER

Incorrect Number	Correct Number
____ - ____ - _____	____ - ____ - _____

COMPLETE ALL BOXES IN THIS SECTION

Signature	Today's Date	List Number
Print Your Name	Social Security Number	

Please mail to:

New York City Transit Authority
 Examinations Section
 Correction Form
 Cadman Plaza Station
 P. O. Box 24463
 Brooklyn, NY 11202-4463