



FOR OFFICE USE ONLY

Date issued: _____

Issued By: _____

ID #: _____

Exp. Date: _____

new lost replaced

APPLICATION FOR REDUCED FARE IDENTIFICATION CARD

- Mr.
- Mrs.
- Ms.

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS: _____ APT. _____

CITY/STATE: _____ ZIP CODE: _____

PHONE: _____ BIRTHDATE: _____ / _____ / _____ CERT ID#: _____
Mo. Day Yr.

TYPE OF CARD:

- _____ Elderly
- _____ Student
- _____ Medicare
- _____ Drug Court

OFFICE USE ONLY

_____ LIFT (w/attd) – approved by _____

CERTIFICATION:

_____ Birth Certificate (1) (students age 6-17)	_____ Driver's License (3)
_____ Medicare (2)	_____ Other (4) _____

I AFFIRM THAT THE INFORMATION CONTAINED ABOVE IS CORRECT

 SIGNATURE