



APPLICATION FOR REDUCED FARE CARD

NAME: _____ (Please Print)

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYES: _____

QUALIFICATION FOR REDUCED FARE:

(Check applicable reason)

AGE: _____

VERIFICATION: _____
(Driver's License, Birth Certificate, etc. - A copy will be sufficient)

DISABILITY: _____

VERIFICATION: _____
(Social Security Award Letter, Armed Forces Disability Card)

IF TEMPORARY, HOW LONG? _____
(Doctor's Statement Required)

MEDICARE CARD: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

Verified by: _____

PLEASE RETURN TO THE TRI-STATE TRANSIT AUTHORITY WITH THE PROPER DOCUMENTATION.

Tri-State Transit Authority

P.O. Box 7965
Huntington, WV 25779