



FOR OFFICE USE ONLY		
Date issued:	_____	
Issued By:	_____	
ID #:	_____	
Exp. Date:	_____	
<input type="checkbox"/> new	<input type="checkbox"/> lost	<input type="checkbox"/> 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	_____
<b>CERTIFICATION:</b>	
_____ 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