

FRONT Application for Regional Reduced Fare Permit For Senior Citizens and Disabled Persons

(this application is available in accessible format)
Processing Fee \$3.00

- For Office Use Only -	
ID #	_____
PCA	_____
<input type="checkbox"/> Temporary	
<input type="checkbox"/> Permanent	
Date	_____

Please Print

Name _____
First Middle Last

Address _____
Street City State ZIP

Date of Birth _____ Phone No. _____
Area Code

Please read the applicant section of the *Medical Eligibility Criteria and Conditions* brochure before completing this application.

I am applying for a Regional Reduced Fare Permit on the following basis. **Please check only one.**

- I am 65 years of age or older.
- I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. (For issuance of a Temporary Regional Reduced Fare Permit only.)
- I am providing proof of current eligibility by the Veteran's Administration as having a disability of at least 40%.
- I am presenting a valid Medicare card issued by the Social Security Administration. For issuance of a Temporary Regional Reduced Fare Permit only.
- I am providing a valid Regional ADA paratransit card, issued by _____ (Agency)
 This ADA paratransit card expires _____.
- I am providing a valid ADA paratransit card from outside the region. (For issuance of a Temporary Regional Reduced Fare Permit only.)
- I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the *Medical Eligibility Criteria and Conditions* brochure.
- I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (For issuance of a Temporary Regional Reduced Fare Permit only.)
- I am providing a Washington Department of Licensing-issued disabled parking identification in conjunction with a government-issued photo identification. (For issuance of a Temporary Regional Reduced Fare Permit only.)
- I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.) or Audiologist, licensed in the State of Washington. **See Health Care Provider's Certification form on the reverse side of this application.** This agency reserves the right to contact your Health Care Provider for verification.

Applicant's Signature _____ Date _____

**Clallam Transit
 Community Transit
 Everett Transit
 Intercity Transit
 Jefferson Transit**

**Kitsap Transit
 Mason Transit
 King County Metro Transit
 King County Ferry District**

**Pierce Transit
 Skagit Transit
 Sound Transit
 Washington State Ferries (WSF)**

