

BASIN TRANSIT
62405 VERBENA ROAD
JOSHUA TREE, CA 92252
(800) 794-6282

DISABILITY ID CARD APPLICATION

(Please Print or Type)

Date: _____

Name:
Last _____ First _____ MI _____

Street Address: _____

City / Town: _____ Zip: _____

Telephone Number: () _____

Mailing Address: _____

INSTRUCTIONS

1. Include with this APPLICATION a copy of any one (1) of the following forms of IDENTIFICATION:
 - ✓ DMV DISABLED IDENTIFICATION CARD.
 - ✓ SOCIAL SECURITY DISABILITY INSURANCE AWARD LETTER OR STATEMENT.
 - ✓ SUPPLEMENTAL SECURITY INCOME (SSI) AWARD LETTER OR STATEMENT.
 - ✓ VETERANS ADMINISTRATION CERTIFICATION FOR 40 PERCENT OR MORE DISABILITY.
 - ✓ SENIOR, 60 OR OVER? SHOW PROOF UPON BOARDING BUS - NO OTHER ID IS NECESSARY.
2. If you require an attendant to accompany you when using Basin Transit service, please complete the following.

Attendants Name: _____

Street Address: _____

City / Town: _____ Zip: _____

Telephone Number: () _____

FOR BASIN TRANSIT USE ONLY

Date application received: _____ Date application approved: _____

BY: _____ BY: _____

Signature

Signature