DISABILITY ID CARD APPLICATION

(Please Print or Type)

Date: _____

Name: _____, _____, _____
(Last Name) (First Name) (Middle Initial)

Street Address: _____

City / Town: _____ Zip: _____

Telephone Number: (_____) _____ _____ Cell Number: (_____) _____ _____

Email Address: _____

Mailing Address: _____

City/Town: _____ Zip: _____

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INSTRUCTIONS

1. Include with this APPLICATION a copy of any one (1) of the following forms of IDENTIFICATION of disability:
   - 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 years or over? Please show proof upon boarding the bus. No other ID is necessary.

2. If you require an attendant to accompany you when using Basin Transit services, please complete the following.

Attendants Name: _____

Street Address: _____

City / Town: _____ Zip: _____

Telephone Number: (_____) _____ _____ Email Address: _____

3. In case of an emergency, please provide an emergency contact person that Basin Transit can notify.

Emergency Contact Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Telephone Number: (_____) _____ _____ Email Address: _____

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FOR BASIN TRANSIT USE ONLY

Date application received: _____ Date application approved: _____

Name: _____ BY: _____
[Print Name] [Signature]