



REDUCED FARE ID CARD APPLICATION FORM FOR SENIORS, MEDICARE CARD HOLDERS, AND STUDENTS

The Reduced Fare ID Card will entitle the bearer (seniors age 65 or older, persons receiving Medicare benefits or Students 6 to 18) to reduced fares for the regularly scheduled Capital Metro fixed route service. The cost for the ID card is \$3.00. The cost for replacing a card is: \$3.00 for the first and second replacement; \$6.00 for all subsequent replacements in a one year period.

Please select which type of Reduced Fare ID Card you are applying for:

<input type="checkbox"/> Senior	<input type="checkbox"/> Medicare	<input type="checkbox"/> Student	<input type="checkbox"/> Military
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First Name (PRIMER NOMBRE):

Middle (SEGUNDO):

Last (APELLIDO):

Home Phone (TELEFONO DE DOMICILIO):

Date of Birth (FECHA DE NACIMIENTO):

I would like to purchase my tickets online or via Capital Metro's phone app.

Email _____

Street Address (NUMERO Y NOMBRE DE CALLE):

Apt.# (APTO):

City (CIUDAD):

State (ESTADO):

Zip (CODIGO POSTAL):

AUTHORIZATION AND AGREEMENT:

I agree that the information I have provided is accurate. I understand that all personal and medical information will be kept confidential. If approved, I agree to follow the rules and guidelines established by Capital Metro. I understand that if I am approved for the Reduced Fare ID Card Program, and if I abuse or misrepresent the benefits of the Reduced Fare ID Card in any way, my card may be confiscated and my eligibility may be terminated.

Applicant's Signature _____ Date: _____

**Please return application in person to: Capital Metro Transit Store
located at: 209 West 9th Street, between the hours of 8:30 a.m. to 4:30 p.m.**

Office Use Only

Issued Date

Expiration Date

PEM #

Initials