

APPLICATION FOR CENTRAL MIDLANDS REGIONAL TRANSIT AUTHORITY SPECIAL NEEDS IDENTIFICATION CARD

In order to be eligible to ride the bus at the 50¢ discount fare for individuals with disabilities, this form must be neatly filled out and the doctor's portion must be completed by your doctor. Ask your doctor's office to fax this form to the CMRTA at fax number (803) 255-7113. When we receive the fax information, we will mail you a Special Needs Identification Card that you must show to the bus driver when you pay the 50¢ fare each time you ride the bus.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: SC ZIP CODE: _____

(Physician to complete the box below)

This certifies that the above named individual has been / is my patient and has a condition that is disabling. (Please describe below.)		
The applicant's disability is:		
<input type="checkbox"/> TEMPORARY (UNTIL _____ / _____) month/year		
<input type="checkbox"/> PERMANENT		
Physician's Name (print) _____	Physician's Signature _____	
Physician's Phone # _____	Physician's Fax # _____	Date _____

*** COMPLETED APPLICATIONS SHOULD BE FAXED TO (803) 255-7113 OR MAILED TO:
CMRTA - SPECIAL NEEDS PASS
PO BOX 214
COLUMBIA, SC 29202**

OFFICE USE ONLY	
Card Number _____	
Issue Date _____	