



**APPLICATION  
SENIOR CITIZEN TRANSIT  
IDENTIFICATION CARD**  
FREE/REDUCED FARE  
TRANSIT PROGRAMS FOR SENIOR CITIZENS

CARD NUMBER \_\_\_\_\_

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)	(State)	(Zip Code)
HOME TELEPHONE NUMBER	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE SIGN HERE <input checked="" type="checkbox"/> FEMALE X	
AREA CODE ( )				

**THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY**

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ARMED FORCES DISCHARGE/SEPARATION PAPERS - SEPARATION DATE \_\_\_\_\_
- BAPTISMAL CERTIFICATE - CHURCH'S NAME & ADDRESS \_\_\_\_\_
- BIRTH CERTIFICATE - NUMBER \_\_\_\_\_
- VETERAN'S UNIVERSAL ACCESS IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD - NUMBER \_\_\_\_\_

- PACE IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS - NUMBER \_\_\_\_\_
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE - NUMBER \_\_\_\_\_
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION  
(ATTACH COPY TO THIS APPLICATION)

**PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS.**

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION — DATE

\_\_\_\_\_  
PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

\_\_\_\_\_  
NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)