



Pennsylvania

DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

**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 AREA CODE ____-____-____	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE SIGN HERE <input type="checkbox"/> FEMALE X _____	

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 _____
- PASSPORT/NATURALIZATION PAPERS – NUMBER _____
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER _____
- RESIDENT ALIEN CARD – NUMBER _____
- PACE 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

Red Rose Transit Authority 45 Erick Rd. Lancaster, 17601

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