



## Application for Reduced Fare Disabled Permit

To qualify for a reduced fare permit, you must be certified as disabled by a physician or registered nurse, OR be a Medicare recipient. (For persons 65 and over, please use Application for Senior Citizen Permit).

**PART I** (FILLED OUT BY THE APPLICANT). PLEASE PRINT.

Name: (last, first, middle initial): \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Address: (street, city, state, zip): \_\_\_\_\_

I hereby submit a copy of my Medicare card # \_\_\_\_\_ as proof of my disability OR

I hereby authorize (Physician or Registered Nurse) \_\_\_\_\_ to release information to Metro Transit concerning my disability.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II** (FILLED OUT BY PHYSICIAN OR REGISTERED NURSE)

Applicant's Name: \_\_\_\_\_ is unable to perform the following function(s) necessary for the effective use of mass transportation facilities without significant difficulty.

CHECK ALL THAT APPLY:

- |   |   |
|---|---|
| <input type="checkbox"/> Board or alight from a standard bus            | <input type="checkbox"/> Count/manipulate change                    |
| <input type="checkbox"/> Stand in a moving bus                          | <input type="checkbox"/> Identify stops                             |
| <input type="checkbox"/> Read information signs                         | <input type="checkbox"/> Remember to get on/off at the correct stop |
| <input type="checkbox"/> Hear and/or understand announcements by driver | <input type="checkbox"/> Signal stop                                |
| <input type="checkbox"/> Communicate to Metro Employees                 |   |

This limitation is (check one):

- Temporary until: \_\_\_\_\_ (Of indeterminate length, permit will be valid for six months only).  
 Permanent

Print Name & Title of Physician or Registered Nurse: \_\_\_\_\_

Signature of Physician or Registered Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL COMPLETED FORM TO:** Metro Transit • 1245 E. Washington Avenue • Madison, WI 53703  
Questions? Call Customer Service: 608-266-4466

**PART III** (FILLED OUT BY METRO TRANSIT)

Signature of Metro Rep: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_