

REDUCED FARE IDENTIFICATION CARD APPLICATION

For Senior Citizens (Age 60 and Over) Riding the Fixed-Route Bus System

	APPLICANT INFORMATION			
Please	Print or Type:			
Last Na	ame First Name		Middle Initial	
Numbe	r Street		Apt. #	
		CA	<u></u>	
City		State	Zip Code	
) Date of Birth:	/	/	
	Telephone Number	Month	Day Year	
1.	the category under which you are applying for a Senior Ci Medicare Identification Card	itizen Identifi	cation Card:	
2. Department of Motor Vehicles (DMV) Driver's License or Identification Card				
3.	Birth Certificate			
4.	Passport			
5. □	Other government issued identification			
	OTE: A photocopy of the identification checked must be included uctions on how to apply for a Senior Citizen Identification Card for			
1. Cor	mplete the above information.			
	Mail application along with a photocopy of the identification checked above to OCTA for processing. A mailing envelope is provided for your convenience.			
app	3. After your application is reviewed and all information is verified, and if your application is approved, you will receive an Eligibility Approval Form from OCTA which includes instructions on how to obtain your photograph and identification card.			
4. The	There is a \$4.00 fee which must be paid at the time your photo is taken.			
If you h	nave any questions regarding the application, please call (714) 560-559	16 .	
I declar given a	e, under penalty of perjury under the laws of the State of Californe true.	ornia, that the	responses I have	
Applica	nt's Signature	С	Pate	
• •	-			

The Orange County Transportation Authority reserves the right to make final determination of eligibility for Senior Citizen Identification Cards. The applications are for internal use only and will not be subject to public review. It is understood that the issuance of the Senior Citizen Identification Card is for the purpose of identification on the fixed route bus system and is not transferable. Should an application for the Senior Citizen Identification Card be denied, the applicant must submit a written appeal within 14 days of denial letter date, requesting a review and reconsideration of the application.

PO Box 14184 / Orange / California 92863-1584 / (714) 560-OCTA (6282)

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