



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

CARD NUMBER

Form with fields for: 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, MALE SIGN HERE, 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
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



MID MON VALLEY TRANSIT AUTHORITY

1300 McKean Avenue
Charleroi, PA 15022
(724) 489-0880

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