



MARITIME METRO TRANSIT

REDUCED FARE CERTIFICATION

1. Applicant information:

Name: _____
(Last) (First) (M.I.)

Address: _____
(Street) (Apt. #)

Manitowoc, WI 54220 Two Rivers, WI 54241

2. Elderly certification: Proof of age (65 & older) must be verified by MMT agent

Provide one of the following:

Medicare or M.A. Number _____

Other documented proof of age _____
(Type of document) (Number)

3. Disability certification: Requires doctor's verification

The above named applicant is eligible for reduced transit fares. The limitation qualifying this person was based on the applicant's inability to perform one or more of the following functions necessary for the effective use of mass transportation facilities without significant difficulty.

Check limitation(s):

- Boarding or alighting from a standard transit bus (most buses are lift equipped).
- Standing in a moving bus.
- Reading and comprehending information signs.
- Hearing and comprehending announcements by the bus driver.

This limitation is: temporary, ending ___/___/___ permanent

Doctor's signature _____ **Date** ___/___/___

4. MMT agent: The applicant has been informed of the following:

- The Reduced Fare ID Card is for the use of the above named applicant **only**;
- The ID Card must be shown to the driver every time the reduced fare is paid;
- Giving/lending the ID Card may result in the loss of the reduced fare privilege.

Is this a replacement card? No Yes New card # _____ E or D?

Certifier's signature: _____ **Date** ___/___/___