

BASIN TRANSIT SERVICE
Transportation District

HANDICAPPED DISCOUNT FARE IDENTIFICATION CARD APPLICATION

Basin Transit Service (BTS) permits handicapped persons who are found eligible under Federal Regulations (49 CFR Chapter VI, Part 609).to ride our route buses at ? (one-half) the regular price during hours when the buses are not normally busy (non-peak hours).

To determine if you qualify for this privilege, you must complete this application and have your medical professional make a certification on the reverse side of this form. If you qualify, you will be issued a discount fare card that will allow you to purchase the special category tokens, tickets, or monthly passes and to use them in our service or pay the handicapped discounted cash fare.

“HANDICAPPED” DEFINITION: Handicapped persons means those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected (49 CFR, Chapter IV, Part 609.3).

PLEASE PRINT

YOUR NAME: _____

ADDRESS: _____

TELEPHONE: _____

I certify that I meet the definition of “handicapped ” under Federal regulations as detailed above and am eligible for the handicapped discounted fare offered by BTS to such persons.

SIGNATURE: _____ DATE: _____

Have your medical professional complete the certification on the back of this form. The information provided will be reviewed and a determination of eligibility made.

Return the completed application to the BTS office at 1130 Adams Street, Monday through Friday from 8:00 AM to 5:00 PM.

THE USE OF A HANDICAPPED DISCOUNT FARE IS RESTRICTED TO THOSE WHO MEET THE DEFINITION AND HAVE BEEN ISSUED AND ARE CARRYING A BTS HANDICAPPED DISCOUNT FARE CARD.

YOU MUST CARRY THIS CARD WITH YOU AT ALL TIMES YOU RIDE THE BTS BUS AND SHOW IT TO THE DRIVER UPON REQUEST.

MEDICAL PROFESSIONAL'S CERTIFICATION OF HANDICAP

ONLY Physician, Nurse Practitioner, Psychologist, or Physician's Assistant certification will be accepted.

I have examined (applicant's name) _____

It is my opinion that he/she is HANDICAPPED PERSON within the meaning of the Federal regulations as show below.

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I believe that this disability is: PERMANENT means any impairment that is expected to last a lifetime that impairs an individual's ability to ride a bus.
 TEMPORARY means any impairment that is expected to last for a period of not less than three months and not more than twelve months.

Which criteria qualifies this person for discount fare? Requires special facilities to use a BTS bus
(please check one and explain below) Requires special planning to use a BTS bus
 Requires special design to use a BTS bus

Explain: _____

Medical Professional's Name (Please Print) _____ Licensing I.D. # _____

Office Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Date _____

Medical Professional's Signature (FACSIMILE NOT ACCEPTABLE)

When this completed medical professional's opinion is returned to the transit district, a BTS staff person may contact you for verification purposes. It is the applicant's responsibility to complete the application and have it signed by a duly licensed physician. BTS is not liable for any physician's or applicant's expense. BTS reserved the right to require proof of disability in addition to this professional opinion. ONLY Physician, Nurse Practitioner, Psychologist, or Physician's Assistant certification will be accepted