This form is for those who are: 1. a Service Disabled U.S. Veteran, or 2. a current disabled card holder from another transit agency, or 3. have a valid DMV placard, or 4. have a Medicare card. All others should request a medical certification form, including those who require an attendant. DMV placard holders should consider using the medical form. For a complete explanation of this program refer to the Regional Transit Connection Discount Card Brochure.

**Section 1. APPLICANT INFORMATION** (Please print clearly)

<table>
<thead>
<tr>
<th>Name</th>
<th>M</th>
<th>F</th>
<th>Birthdate</th>
<th>Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Email address</th>
<th>Phone</th>
</tr>
</thead>
</table>

**Section 2. CERTIFICATION of ELIGIBILITY**

You are required to present a valid photo ID card in addition to the documents listed below.

- **Disabled Veteran**
  - VA Claim Number
  - Show documented VA Claim number to transit staff. Accepted documentation includes card and original letter on VA letterhead. I authorize the RTC Discount Card Program to confirm my name and disability rating through the VA.

- **Certified by Another Transit Agency**
  - Name of Issuing Transit Agency
  - City and State of Issuer
  - Certification Expiration Date
  - Show the current valid card to transit staff. This option is considered a temporary courtesy card (see brochure).

- **DMV Disabled Placard Eligibility**
  - Disabled Placard or Registration Number
  - Show a valid DMV placard and a valid registration receipt to transit staff. I authorize the Discount Card Program to confirm the placard ownership and expiration date through the DMV. (Attach registration receipt.)

- **Medicare Recipient**
  - Medicare Claim # (*not Medi-Cal*)
  - Show Medicare card to transit staff.

My preferred communication method/format is:  
- [ ] U.S. Mail  
- [ ] Braille (mailed)  
- [ ] Via Email

I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the RTC Discount Card Program.

Signature of Applicant ___________________________ Date __________

**OFFICE USE ONLY**

Intake Date: ___________________________ RTC ID: ________________ Transit Agency: ________________ Fee: $ __________

- [ ] New  
- [ ] Other  

Frame No: ___________________________