

APPLICATION FORM



Cities Area Transit (CAT) SENIOR RIDER (62 or older)



This application form is used by Cities Area Transit for record of Senior Citizens ages **62 years of age or older** using Senior Rider Service in the cities of Grand Forks, North Dakota and East Grand Forks, Minnesota. If you have any questions, contact the Transit Office listed below.

SEND COMPLETED APPLICATION FORM TO:

Cities Area Transit
Attn: Senior Rider
PO Box 5200
Grand Forks, ND 58206-5200

Transit Office: 701-746-8108

Complete all parts of the form clearly and legible. Forms that are not fully completed and/or not legible will be returned, which will delay your application process. Proof of eligibility for Senior Rider requires your State Issued ID or State Driver's License.

(PLEASE PRINT)

Last Name _____

First Name _____ Middle Initial _____

Maiden Name (If applicable) _____

Address _____

City _____ State _____ Zip _____

Daytime phone: _____ Evening phone: _____

Applicant's Date of birth: ____/____/____

State Issued ID # or State Driver's License # (**include photocopy**):

State Issued ID#

State Driver's License#

List the name of one person or agency that we may contact in the case of an emergency:

Name: (Please Print): _____

Address: _____

Daytime phone: _____ Evening phone: _____

1. Are you a: Current Senior Rider New Applicant

2. Do you use any assistive devices? Yes No

If yes, please explain: _____

If you use a wheelchair or scooter, would you prefer/need to use the device while riding in paratransit vehicles? Yes No

3. Will you regularly need driver assistance to/from the bus or van?

Yes No If yes, please explain: _____

I certify that all the information on this application form is true and correct.

I understand that I am responsible for having a copy of the required State identification for verification of eligibility with this application.

APPLICANTS SIGNATURE

DATE

*If someone other than the applicant or the applicant's guardian is preparing this form, please provide the following information about the preparer:

***Preparer/Guardian's Name (Please Print):**

FIRST: _____ MI _____ LAST: _____

Relation to applicant: _____

Day Phone _____ Evening Phone _____

Preparer/Guardian's Signature

Date

For Office Use Only: Card # _____ Date issued _____

Expiration Date: _____ Processed by _____