

Link Transit P.O. Box 1358 Burlington, NC 27216

forth by Link Transit. Signature:

REDUCED-FARE CARD APPLICATION

Phone: 336-222-5465 Fax: 336-222-5004 info@linktransit.org

NAME PHONE				
ADDRESS	CITY, STATE, ZIP (CITY, STATE, ZIP CODE		
BIRTH DATE				
	oriate qualification box below. In y for a Reduced-Fare Card in ONE of the follo	owing ways:		
Senior citizens need to a	IS (AGE 60+) AND MEDICARE CARD HOLDE ttach a copy of a driver's license, birth certific ys your name and birth date.		form of	
	a valid school identification card, most recent our name and the name and contact information			
PERSONS WITH		ŕ		
Please specify:				
○ Getting on/off the				
Reading information	-			
	ompanied by a personal care assistant			
O Standing in a mo	_			
O Hearing the drive				
_	ompanies by a service animal plain)			
If you are requesting a CERTIFICATION BY DOO I recommend that this pe	Reduced-Fare Card based on a disability, your control of the contr	ou must have your medical provide	-	
above statements are tru	Je:			
Print Doctor Name	Doctor or Medical Agency Signature	Doctor's Office Phone #	Date	
my card is not transferable	formation that my doctor, medical agency or I ha le and will entitle me to ride for half of Link Tra ion is approved and I am issued a Reduced-Fare	nsit's regular fare during normal hour	s of operation.	

Date: