



MAIL APPLICATIONS TO:  
BeST TRANSIT  
27824 Route 220  
ATHENS, PA. 18810



**Pennsylvania**

DEPARTMENT OF TRANSPORTATION  
www.dot.state.pa.us

**APPLICATION  
SENIOR CITIZEN TRANSIT  
IDENTIFICATION CARD  
FREE/REDUCED FARE  
TRANSIT PROGRAMS FOR SENIOR CITIZENS**

\_\_\_\_\_  
CARD NUMBER

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION		
ADDRESS (Street or Route)		(City or Post Office)		(State)	(Zip Code)
HOMETELEPHONE NUMBER AREACODE _____-_____-_____	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE	SIGN HERE	
			<input type="checkbox"/> FEMALE	X _____	

DOES THIS PASSENGER REQUIRE A WHEELCHAIR?: YES \_\_\_\_ NO \_\_\_\_

DIRECTIONS (IF NEEDED):

USE REVERSE SIDE  
IF NECESSARY

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**THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY**

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ARMED FORCES DISCHARGE/SEPARATION PAPERS – SEPARATION DATE \_\_\_\_\_
- BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS \_\_\_\_\_
- BIRTH CERTIFICATE-NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS – NUMBER \_\_\_\_\_
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD – NUMBER \_\_\_\_\_
- PACE IDENTIFICATION CARD – NUMBER \_\_\_\_\_
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE – NUMBER \_\_\_\_\_
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION  
(ATTACH COPY TO THIS APPLICATION)

**PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS**

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -DATE

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PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE