

ID Number \_\_\_\_\_

Date Issued \_\_\_\_\_

 Permanent  Temporary

Expires \_\_\_\_\_

# GoRaleigh ID Card Application

This ID card allows Persons with Disabilities to purchase GoRaleigh passes for half fare. The ID card allows Senior Citizens 65 & older or Youth Ages 12 & under to ride GoRaleigh buses for free. *GoRaleigh Access ID cards may also be used for half fare pass purchases.*

**PLEASE NOTE:** There will be a \$3.00 fee for all replacement cards.

Last Name  First Name  Middle Name Street Address City  State  Zip Daytime Phone (Area Code)  Evening Phone (Area Code)  Date of Birth 

**Check the box that applies to you** and provide the information required. The Heath Care Provider Verification portion must be completed and signed by your doctor, nurse or other health care provider who is not a family member. Photos must be taken in person at 222 W. Hargett St., 1<sup>st</sup> Floor, Raleigh, OR at GoRaleigh Station, 214 S. Blount St. Please bring proof of age and your completed application. Please call 919-996-3459 for more information.

 I am 65 years of age or older. I am 12 years of age or younger.(Office Use Only)  Age Verified  Age Verified 

## **PERSONS WITH DISABILITY** | A Medicare Card can be used to secure a GoRaleigh ID Card in lieu of a Physician's Signature.

 I have a permanent disability that prevents me from using mass transportation as effectively as persons who are not so affected.Nature of Permanent Disability  I have a temporary disability that prevents me from using mass transportation as effectively as persons who are not so affected.Nature of Temporary Disability My doctor estimates that my temporary disability will last until: 

## **HEALTH CARE PROVIDER VERIFICATION**

 I have read this application and certify that the information is correct.Printed Name  Phone Number If not a MD list Medical Title: Address Date \_\_\_\_\_  
Health Care Provider's Signature