

REDUCED FARE PROGRAM APPLICATION FOR SENIOR CITIZENS, VETERANS AND ACTIVE MILITARY

BATA
Office Manager - Reduced Fare Program
3233 Cass Road
Traverse City, MI 49684
231-941-2324

BATA REDUCED FARE PROGRAM APPLICATION FOR SENIOR CITIZENS, VETERANS AND ACTIVE MILITARY

A BATA Reduced Fare Card entitles the bearer to a reduced fare on all BATA routes provided by the Bay Area Transportation Authority transit service.

To receive a BATA Reduced Fare Card, applicants are required to complete all information in APPLICANT SECTION. A photo ID and proof of eligibility documentation is required (see ELIGIBILITY CRITERIA). Mail completed application and documentation to:

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Office Manager – Reduced Fare Program
3233 Cass Road
Traverse City, MI 49684

Please allow BATA 7 to 14 days for processing after receipt of application. We will notify you upon your acceptance of eligibility and will mail you instructions on how to obtain your BATA Reduced Fare Card.

The BATA Reduced Fare Office is open Monday – Friday 9AM – 4PM at 231-941-2324.

GENERAL PROVISIONS FOR ELIGIBILITY CRITERIA

- A senior citizen is defined as anyone age 60 and over.
- Senior citizen applicants must include proof of eligibility such as a valid state driver's license, Medicare card or valid state identification card which verifies the applicant's date of birth.
- Veterans and active military must show valid military identification.
- Once issued, BATA Reduced Fare Cards for senior citizens, veterans and active military will not have expiration dates.
- BATA reserves the right to verify the application information by contacting the person completing the forms.
- Certification forms will be confidential records and kept on file at BATA.

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APPLICANT SECTION

PLEASE PRINT IN INK	
Name	
Street Address	
City/State/Zip Code	
County	
Telephone Number So	ocial Security Number XXX-XX
Date of Birth	
Veterans or Active Military Identification attach to application)	(Please make a copy of identification and
Applicant's Signature	Date
If this application has been completed by some information below:	eone other than applicant, please provide
Name	Date
Relationship to Applicant	
submitted to obtain a replacement card.	ee. A Replacement Application and fee must be voke my Reduced Fare Card if I misuse the card obey all transit rules and regulations. I hereby
For Office Use Only	
Date application received	
Approval Yes () No ()	
Date approved	
Card Number	
Expiration Date Issued by	