



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

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

**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 \_\_\_\_\_
- VETERAN'S UNIVERSAL ACCESS IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD - NUMBER \_\_\_\_\_

- PACE IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS - NUMBER \_\_\_\_\_
- PENNSYLVANIA 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.

SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -- DATE  
**IndiGO**  
**Indiana County Transit Authority**

PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE  
**PO BOX 869**  
**Indiana, PA. 15701**

NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)