



PENNSYLVANIA
Department of Transportation
www.dotstate.pa.us

APPLICATION SENIOR CITIZEN TRANSIT IDENTIFICATION CARD

FREE/REDUCED FARE
TRANSIT PROGRAMS FOR SENIOR CITIZENS

CARD NUMBER

DATE OF APPLICATION

NAME OF APPLICANT (Last, First, Middle Initial)		E-MAIL ADDRESS	
ADDRESS (Street or Route)	City or Post Office)	(State)	(Zip Code)
HOME TELEPHONE NUMBER	DATE OF BIRTH	AGE	SIGN HERE
AREA CODE			
<input type="checkbox"/> MALE <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 (DD-214)
- ☐ BIRTH CERTIFICATE - NUMBER
- ☐ PASSPORT/NATURALIZATION PAPERS - NUMBER
- ☐ PENNSYLVANIA IDENTIFICATION CARD - NUMBER
- ☐ RESIDENT ALIEN 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

PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

MID MON VALLEY TRANSIT AUTHORITY, 1300 McKean Avenue, Charleroi, PA 15022

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



On the Move... for You!