MT-103 (1-12)

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

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 AREA CODE	DATE OF BIRTH	AGE	☐MALE SIGN HERE ☐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 _____
- ☐ 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.

_____

SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -DATE

_____

PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

_____

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