Charlotte Area Transit System

Certificate of Disability

Instructions to Applicant:

Complete the top part of this form. Have your physician complete the bottom part and return it to the Transportation Center along with your State ID or Drivers License. The cost for the ID card is $1.00. This ID card will allow you to ride Charlotte Area Transit System for a reduced fare.

Name ___________________ ___________________ _________ Date of Birth ___/___/____

(Last) (First) (Middle) (Middle)

Address _______________________________________ Apt.____________________

City __________________________________________ Zip ____________________

I certify that all the information above is true and correct. I agree to use the ID card issued under this program for the purpose intended.

Signature ______________________________________ Date ____________

Instructions to Physician:

If your patient meets the criteria described below, complete the bottom of the form.

Doctor’s Certification

I certify that the above named individual has a permanent or temporary disability. The expected duration of the disability is:

Permanent _______ Temporary _______ Expiration Date ___/___/____

Physician’s Signature __________________________________________

Physician’s Name (Typed or Printed) ______________________________

Physician’s Address ___________________________________________

Agency (If Applicable) ___________________________________________