Roseville Transit Discount Photo ID

CITY OF ROSEVILLE CALIFORNIA

Please remove all hats and sunglasses before taking photo.

New, renewal, and replacement ID cards are $3 (except Americans with Disabilities Act (ADA) and Client Aide cards, which are free).

Section I • Personal Information			
Date:		Date of Birth:	
Last Name:		First Name:	Mr. Mrs. Ms.
Mailing Address:			Apt:
City:	Zip:	Phone Number:	
E-mail Address:			
☐ Yes, I'd like to receive occasional e-mails with important service information and schedule changes. *Your e-mail is never shared or sold, and you may unsubscribe at any time.*		I'd like to find out more about the Transit Ambassadors, a regional program which assists new or inexperienced riders in learning how to use Local buses. I prefer to be contacted by: ☐ Phone ☐ E-mail	

Section 2 • Type of ID Card requested *(photo ID and copy of evidence required)*

☐ **Youth** (grades 6th–12th)**:** Provide evidence of grade level

☐ **Senior** (ages 60 or older)**:** Provide evidence of age

☐ **Disabled:**

Federal regulations define disabled in 49 CFR §609.3 as:
"…those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."

Acceptable evidence–Current SSI/SSDI award letter, valid CA DMV placard receipt, Department of VA Service Connected ID, or City of Roseville Disabled Certification Form (see reverse side)

☐ **Resident Commuter:** Provide City of Roseville utility bill

☐ **Client Aide:** Provide agency approval letter

Section 3

I declare under penalty of perjury under the laws of the State of California that the information I have given is true and correct.

Signature _____ Date _____

City of Roseville use only

Information needed to identify photo: ☐ M ☐ F Hair:_____ Clothing: _____

Form of evidence accepted: _____

Staff: _____ Date: _____ ID #: _____

Rev. 1/2014

City of Roseville Disabled Certification Form

CITY OF ROSEVILLE CALIFORNIA

Section 4 *Completed by applicant*

Applicant's Name:	**Applicant's Date of Birth:**

I hereby authorize the person listed in Section 6 of this application to release to the City of Roseville/Roseville Transit medical or other pertinent information about my disability. The information released will be solely used to determine my eligibility for this Disabled Photo Identification Card.

_____ _____

Signature Date

Section 5 *Completed by a Health Care Provider, Social Worker or Counselor that represents a recognized organization for persons with disabilities.*

The above named individual is applying for a Roseville Transit Disabled Identification card. The City of Roseville offers a half fare discount for disabled persons based on federal regulations as defined in 49 CFR §609.3:

> *"…those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."*

To process this request, please provide the following information:

Give a description of the disability:

_____

_____

How does this disability affect applicant's ability to utilize mass transportation?

_____

_____

☐ **Permanent** – conditions with absolutely no expectation of improvement

☐ **Temporary** – expected duration from _____ to _____

I certify that _____ meets the eligibility criteria as transportation disabled.

Name: _____ License #: _____

Organization: _____ Phone Number: _____

Organization Address: _____

I declare under penalty of perjury under the laws of the State of California that the information I have given is true and correct.

_____ _____

Signature Date