DISABILITY IDENTIFICATION CARD APPLICATION

For Vacaville City Coach Fixed Route Service

FOR OFFICE USE ONLY

Certification Date_____
Expiration Date_____
Issued By_____

Persons with disabilities are entitled to a discounted fare on the City Coach fixed-route bus system. The Disability ID Card, a Medicare card, or ADA Paratransit ID card must be shown to the driver each time you board the bus to qualify for the reduced fare. If proper ID is not shown, the reduced disabled fare does not apply. Certification is good for three years.

The applicant must return completed application in person or by mail to the Public Works Department at Vacaville City Hall, 650 Merchant Street, Vacaville, CA 95688. **Incomplete applications will not be accepted.**

SECTION 1: To be completed by the applicant or by someone on the applicant's behalf. Please print legibly or type.

Applicant's Name_____

Address_____ City_____ State_____ Zip_____

Phone number_____ Birthdate____/____/_____

I hereby authorize the person listed in Section 2 of this application to release to Vacaville City Coach medical or other pertinent information about my disability. The information released will be used solely to determine my eligibility for this Disability Identification Card.

Applicant's Signature_____ Date_____

SECTION 2: To be completed by a physician or licensed medical professional, licensed optometrist (for visual impairments), or counselor/social worker (representing a recognized organization for persons with disabilities). Please print legibly or type.

I hereby certify that the applicant qualifies under ADA eligibility requirements to obtain the City Coach Disability Identification Card.

The disability is:___☐___PERMANENT ___☐___TEMPORARY until_____(date)

I am legally licensed as a: ☐Physician ☐Optometrist ☐Physical Therapist ☐Chiropractor ☐Rehabilitation Counselor ☐Counselor/Social Worker ☐Other Licensed Professional_____ in the State of California and hereby declare that the information provided is true and correct.

Name_____ Signature_____

License #_____ Date_____

Business Name_____ Phone Number_____

Business Address_____ City_____ State_____ Zip_____

Return form to the applicant.

Revised 8/29/07

Reset Form Print Form