

**CERTIFICATE FORM
DISCOUNT TRANSIT FARE FOR DISABLED PERSONS**

I certify that _____ meets the New Orleans Area Transit Operator's
(Please Print Person's Name)

Eligibility Criteria as disabled Section _____ and is
(Section Num. Must be Completed by Certifying Person)

_____ eligible for a discount fare.
(Permanently/Temporarily)

Length of Temporary Disability _____
(Must Be At Least 3 Months to Qualify)

Person's Address: _____
(Number) (Street)

_____ Telephone _____
(City) (State) (Zip Code)

Birth day _____
(Day/Month/Year)

I, _____ agree to the release of this information to the New
(Signature if Applicant)

Orleans Area Transit Operating Companies for purpose of discount fare eligibility certification.

**AFTER REVIEWING THE ELIBILITY CRETERIA, I CERTIFY THAT THE
DISABLES PERSON NAMED HEREIN MEETS THE ELIGIBILITY CRITERIA
AS SET FORTH IN THE ABOVE NOTED SECTION NUMBER.**

(Please Type Name of Certifying Person)

(Signature of Certifying Person)

(Telephone)

(Address)

(City)

Physician's Louisiana License Number _____

(Date of Certification)

**APPLICANT: PLEASE BRING ORIGINAL TO
118 DAVID DRIVE, METAIRIE OR WILTY TERMINAL**