



**Maryland Transit Administration (MTA)**  
**Reduced Fare Certification Office**  
 6 Saint Paul Street  
 Baltimore, MD 21202 – 1614  
 Phone 410-767-3441  
 Fax 410-333-4347

<u>Office Use Only</u>	
Date Rec'd _____	
DC _____	Intv. Date _____
Temp _____	Perm _____
CS _____	Date _____

**APPLICATION FOR PARTICIPATION IN THE  
 MARYLAND TRANSIT ADMINISTRATION  
 REDUCED FARE PROGRAM**

Applications that are not complete will be returned for completion.  
 The information on this application is confidential, is only intended for internal use, and will be protected from disclosure in accordance with State law. MTA shall evaluate this application and determine the applicant's eligibility for the Reduced Fare program, including duration of eligibility.

PLEASE PRINT CLEARLY.  
 THIS SECTION TO BE COMPLETED BY APPLICANT:

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female \_\_\_\_\_

Signature \_\_\_\_\_

**THE FOLLOWING SECTIONS IS TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN OR HEALTHCARE PROFESSIONAL:**

**Physician's and / or Health Care Professional's Instructions**

Instructions: To qualify for the MTA Reduced Fare program, an applicant must be a person who: (1) is elderly or is "disabled" as defined in the Americans with Disabilities Act of 1990; (2) is able to use regularly- scheduled mass transit service in manner that does not present a hazard to the applicant or to other users of the service; and (3) is, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability (including being a non-ambulatory wheelchair user or having semi-ambulatory capabilities), unable without special planning or design to utilize mass transit facilities and services as effectively as persons who are not so affected.

The test is not of the applicant's Medical status, but of functional ability to use regularly scheduled transit service. If the applicant is able to use such service but experiences difficulty in doing so which results from the medical condition, the applicant is eligible for this program. Where the functional limitation that results from a medical condition is presently corrected by medical treatment, such as medication or prosthesis, generally the applicant does not qualify. A temporary condition that qualifies the applicant for this program must be described as to the nature and expected duration. Should the condition persist beyond the projected date the applicant should reapply for continued eligibility. Low income does not qualify a person for the Reduced Fare Program.

I certify that: \_\_\_\_\_  
meets the eligibility criteria described above, and that the qualifying disability is:

TEMPORARY \_\_\_\_\_ PERMANENT \_\_\_\_\_ (Please check one)

If temporary, give date condition is expected to resolve: \_\_\_\_\_

Below please state the nature of the disability and explain how it affects daily life activities and ability to utilize regularly scheduled mass transit services.

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Printed name of physician / healthcare professional

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Physician / healthcare professional signature

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

**NOTICE:** Providing false information constitutes FRAUD that is punishable by law.

Applicants who are unable to use fixed route service because of disabilities may qualify for Paratransit service. Call the MTA Mobility Certification Office at 410-547-2100 for information and an application.

**PLEASE MAIL THIS APPLICATION TO THE ABOVE ADDRESS.**