



RED ROSE TRANSIT AUTHORITY
45 Erick Rd., Lancaster, PA 17601 717-291-1243

SENIOR SHARED-RIDE APPLICATION

(PLEASE PRINT)

Customer Name _____
Last First MI

Address _____
Street Address Apt No.

_____ City State Zip Code

Phone Number _____ Male Female

Birth Date ____ / ____ / ____

Do you use any of the following mobility aids? (check all that apply)

Manual Wheelchair
 Motorized Scooter
 Crutches
 Cane
 Service Animal
 Electric Wheelchair
 Walker
 Other

Can you travel alone? Yes No

Are you interested in receiving the Senior Shared-Ride Transit ID Card? Yes No

The ONLY acceptable proof of age documents (one required). Please send a photocopy of your proof of age along with this application. If a copy is not received, you will be required to pay full fare.

- | | |
|--|--|
| Armed forces discharge/separation papers | Passport/naturalization papers |
| Baptismal Certificate | Pennsylvania ID card |
| Birth Certificate | Photo motor vehicle operator's license |
| Resident Alien Card | Statement of age from U.S. Social Security |
| PACE ID Card | Administration Office |

I authorize the release and/or receipt of information necessary for the delivery of service to me. I hereby certify that the above information is true and correct, to the best of my knowledge, information and belief.

Signature _____ Date: _____

FOR RRTA USE ONLY

_____ **CARD NUMBER**

CHECK WHICH DOCUMENT RECEIVED AND ATTACH COPY

ARMED FORCES DISCHARGE /SEPARATION PAPERS

BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS

BIRTH CERTIFICATE

RESIDENT ALIEN CARD

PACE IDENTIFICATION CARD

PASSPORT/NATURALIZATION PAPERS

PENNSYLVANIA IDENTIFICATION CARD

PHOTO MOTOR VEHICLE OPERATORS LICENSE

STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION