

ID Number \_\_\_\_\_

Date Issued \_\_\_\_\_

 Permanent  Temporary

Expires \_\_\_\_\_

# GoRaleigh ID Card Application

This ID card allows Persons with Disabilities and to purchase GoRaleigh passes for half fare. The ID card allows Senior Citizens 65 & older to ride GoRaleigh buses for free. *GoRaleigh Access ID cards may also be used for half fare pass purchases.*

**PLEASE NOTE:** There will be a \$3.00 fee for all replacement cards.

Last Name  First Name  Middle Name

Street Address

City  State  Zip

Daytime Phone (Area Code)  Evening Phone (Area Code)  Date of Birth

**Check the box that applies to you** and provide the information required. The Heath Care Provider Verification portion must be completed and signed by your doctor, nurse or other health care provider who is not a family member. Photo must be taken in person at the GoRaleigh Station information booth located at 214 S. Blount Street, Raleigh, NC 27601. Please bring proof of age and your completed application. Please call 919-996-3459 for more information.

I am 65 years of age or older.

(Office Use Only)  Age Verified

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## **PERSONS WITH DISABILITY** | A Medicare Card can be used to secure a GoRaleigh ID Card in lieu of a Physician's Signature.

I have a permanent disability that prevents me from using mass transportation as effectively as persons who are not so affected.

Nature of Permanent Disability

I have a temporary disability that prevents me from using mass transportation as effectively as persons who are not so affected.

Nature of Temporary Disability

My doctor estimates that my temporary disability will last until:

## **HEALTH CARE PROVIDER VERIFICATION**

I have read this application and certify that the information is correct.

Printed Name  Phone Number

If not a MD list Medical Title:

Address

Date

\_\_\_\_\_  
Health Care Provider's Signature