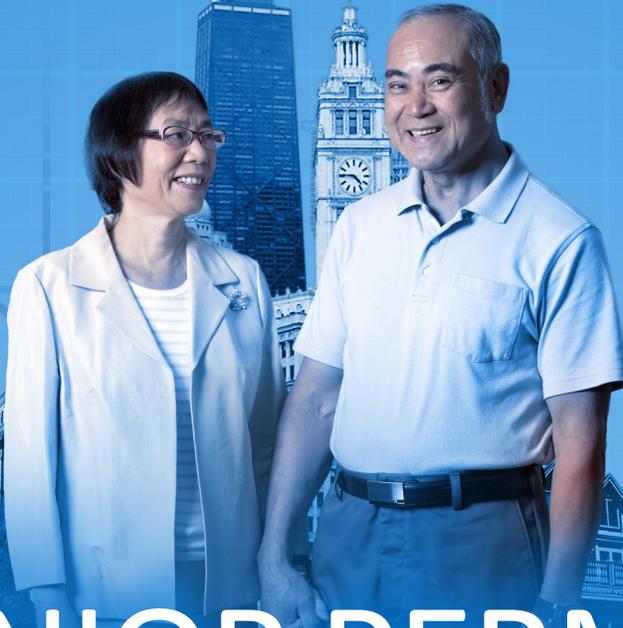




Regional
Transportation
Authority



SENIOR PERMIT APPLICATION

RTA Senior Ride Free Permit

The RTA Senior Ride Free Permit allows qualifying customers age 65 and older to ride at no cost on CTA, Metra and Pace fixed route bus and rail service. Applicants must be enrolled in the Benefit Access Program administered by the Illinois Department on Aging (DOA). For more information about the DOA Benefit Access Program visit www.illinois.gov/aging or call 1-800-252-8966.

RTA Senior Reduced Fare Permit

The RTA Persons with Disabilities Reduced Fare Program allows individuals age 65 or older, who are not eligible for the DOA Benefit Access Program, to ride on CTA, Metra and Pace fixed route bus and rail service at a reduced rate.

Application Instructions

- If applying for the Senior Ride Free permit, please first apply for the Illinois DOA Benefit Access Program:
 - Visit the DOA Benefit Access Program website at www.illinois.gov/aging and click on the “Benefit Access” tab
 - For in-person assistance, call the DOA to locate a location near you that can provide assistance at (800) 252-8966
- To apply for either the Ride Free or Reduced Fare permit, please complete the application on the reverse side of this page
- Send the application, a copy of your current government issued ID card and a 2” by 2” color photo that clearly shows your face to the RTA in the envelope provided or mail to PO Box 8621, Fort Wayne, IN 46898-8621.

**IF APPROVED, APPLICANTS WILL RECEIVE THEIR RTA RIDE FREE
OR REDUCED FARE PERMIT WITHIN 3-4 WEEKS.**

Phone: 312-913-3110
www.rtachicago.org

REDUCED FARE PERMIT

RIDE FREE PERMIT

APPLICATION: RIDE FREE PERMIT

REDUCED FARE PERMIT

Status (check one): New applicant
 Renewal - Card #: _____
 (Begins with a F or S on your card)

Applying for (check one): Ride Free Permit (I am enrolled in the Benefit Access Program)
 Reduced Fare Permit (I am not enrolled in the Benefit Access Program)

Please print clearly and complete all information:

Legal Name: FIRST _____ M.I. _____ LAST _____ (SUFFIX) _____

Email Address: _____

Mailing Address: (include all information required for mail delivery)

STREET ADDRESS or PO BOX #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

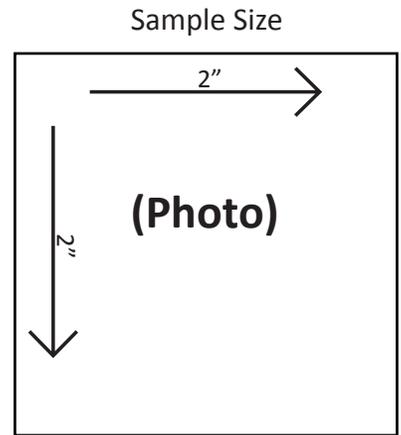
Date of Birth (mm/dd/yyyy): _____ / _____ / _____

Social Security #: _____ - _____ - _____

Telephone #: () _____

Be sure to include ALL of the following items:

- 2" by 2" color photo (clearly shows face) →
- Clear copy of both sides of current government-issued ID card
(Any one of the following: Driver's License, Passport, State issued ID, U.S. Immigration, Alien registration card, or any other official government ID with your picture, date of birth and signature)



Application must be signed: I understand that the purpose of this certification is to determine eligibility for the RTA Reduced Fare or Ride Free Permit Program, and agree to release the information from the Illinois Department on Aging Benefit Access Program for that purpose. The information requested on this application is exempt from public disclosure to the extent permitted by paragraph 207 of the Illinois Freedom of Information Act (5 ILCS 140/1 ET SEQ.). I understand that any information falsely presented on the application may result in my prosecution to the fullest extent allowable under the law. I understand that if I am issued an RTA Reduced Fare or Ride Free Permit that the permit is for my personal use only, and that if I allow another person to use my card, then the card could be revoked, I could be removed from the program, and I may be prosecuted to the fullest extent allowable under the law.

Date: _____ Signature: _____

CENTER USE ONLY

CENTER CODE: _____ TAKEN BY: (INITIALS) _____