



APPLICATION FOR SENIORS

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____

Proof of Age (required):

One of the following must be provided:

- Medicare Card Driver's License Passport
 State ID Card Green Card/Citizenship Papers

Proof of Identity (required):

One of the following must be provided:

- Driver's License Passport State ID Card
 Veterans Administration ID Card

Signature:

I hereby attest that the information provided with this application is true, and I authorize RIPTA to conduct verifications as necessary. I understand that if any statements made on this application form are false or inaccurate, or if any of the attachments have been falsified, I will lose the privileges granted by the Reduced Fare Bus Pass Program and be subject to criminal prosecution for fraud in accordance with Rhode Island State Law.

Signature: _____ Date: _____

Print Name: _____