



## **BCRTA/MTS HALF-FARE PROGRAM APPLICATION FOR FIXED ROUTES AND REGIONAL ROUTES**

I understand that this application must be certified by BCRTA/MTS. I agree to release additional information pertaining to my transit related disability, if so requested. This information will only be used for determining my eligibility for the Half-Fare Program.

I swear that the above statements are correct to the best of my knowledge. I understand that misrepresentation on this application or fraudulent use of my identification card when issued represents a violation of the conditions and terms of this program, and will result in the revocation of this privilege by the BCRTA/MTS.

The above disability is \_\_\_\_\_ permanent \_\_\_\_\_ temporary (minimum 6 months)

Print name \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return application to: BCRTA, 3045 Moser Court, Hamilton, Ohio 45011**

### **FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ DENIED \_\_\_\_\_

Reason(s):

Signature: \_\_\_\_\_

(Revised 10/2016)