

**EASY CARD SERVICES
DISCOUNT FARE ID APPLICATION**



The upper part of this application must be completed by the Applicant. Assistance in completing the upper part of the form will be provided at the time the application is requested or submitted at the Picture ID Kiosk, if needed.

Last Name: _____ First Name: _____ Male Female
Address: _____ Apt. _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Date of Birth: _____
(MM/DD/YYYY)

Mailing Address (if different from above address)

Address: _____ Apt. _____
City: _____ State: _____ Zip Code: _____

**The lower part of the application must be completed and signed by a
Licensed Physician certifying disability including medical code**

Please describe the **permanent** medical disability that qualifies applicant for the _____ Medical Code#: _____
Discount Fare EASY Card

Physician Stamp _____ Signature: _____

If no stamp, attach signed physician letter including license number. Medical Code **must** be included for verification of eligibility.

OFFICIAL USE ONLY			
Date Received: _____		Received by: _____	
Print Name			
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Approved by: _____	Date: _____
Processed by: _____		Date: _____	EASY Card # _____
MM/DD/YYYY			

Please return completed form to: South Florida Regional Transportation Authority at 800 NW 33rd Street, Pompano Beach, FL 33064; or any Tri-Rail Station with a Ticket Agent; for locations call: 1-800-TRI-RAIL (874-7245), TDD services 1-800-273-7545, or visit http://www.tri-rail.com/policies/discount_policy.htm

SERVICIOS DE EASY CARD

SOLICITUD DE IDENTIFICACIÓN PARA PASAJE CON DESCUENTO



El solicitante debe llenar la parte superior de esta solicitud. Si lo necesita, se proveerá ayuda para llenar la parte superior de este formulario al momento que pida o presente la solicitud en el kiosco de fotografía para identificaciones.

Apellido: _____ Nombre: _____ M F

Dirección: _____ Depto. _____

Ciudad: _____ Estado: _____ Código: _____

Teléfono: _____ Fecha de nacimiento: _____
(MM/DD/AAAA)

Dirección postal (si es diferente de la anterior)

Dirección: _____ Depto. _____

Ciudad: _____ Estado: _____ C.P.: _____

Un médico licenciado debe llenar y firmar la parte inferior de la solicitud que certifica la discapacidad e incluir el código médico

Por favor describa la discapacidad médica **permanente** que hace que el solicitante sea elegible para recibir la tarjeta Discount Fare EASY Card Código médico#: _____

Sello del médico _____ Firma: _____

Si no hay sello, adjunte una carta firmada por el médico que incluya su número de licencia. Se **debe** incluir el código médico para la verificación de elegibilidad.

Devuelva el formulario lleno a: South Florida Regional Transportation Authority en 800 NW 33rd Street, Pompano Beach, FL 33064; o entréguelo en cualquier estación de Tri-Rail a un agente de taquilla; para encontrar las direcciones llame al: 1-800-TRI-RAIL (874-7245), servicios de TDD al 1-800-273-7545, o visite http://www.tri-rail.com/policies/discount_policy.htm

OFFICIAL USE ONLY			
Date Received: _____	Received by: _____ Print Name		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Approved by: _____	Date: _____
Processed by: _____	Date: _____	EASY Card # _____	
MM/DD/YYYY			

SÈVIS EASY CARD



APLIKASYON POU KAT IDANTITE DISKONT

Aplikan an dwe ranpli pati anlè aplikasyon an. Yo pral bay Aplikan an asistans pou ranpli pati ki anwo nan aplikasyon an nan moman li mande oswa li remèt aplikasyon an nan Kyòsk pou Foto Idantite, si sa nesesè.

Siyati: _____ Prenon: _____ Gason Fi
Adrès: _____ Apatman _____
Vil: _____ State: _____ Zip Code: _____
Telefòn: _____ Dat Nesans: _____
(JJ/MM/AAAA)

Adrès Lapòs (si li pa menm ak adrès ki make anlè a)

Adrès: _____ Apatman _____
Vil: _____ Eta: _____ Kòd postal: _____

**Yon Doktè Akredite ki sètifye andikap la ikonpri kòd medikal
la dwe dwe konplete ak siyen pati aplikasyon an ki anba la a**

Tanpri dekri andikap medikal **pèmanan** ki fè aplikasyon an elijib pou Kòd Medikal#: _____
Kat Diskont EASY Card

Kachè Doktè a Siyati: _____

Si pa gen kachè, tache lèt doktè a siyen ikonpri nimewo lisans lan. Yo **oblige make** Kòd Medikal la pou yo kapab verifye elijibilite.

Tanpri voye tounen fòm la ba: South Florida Regional Transportation Authority nan 800 NW 33rd Street, Pompano Beach, FL 33064; oswa nan nenpòt Estasyon Tri-Rail Station ki gen yon Ajan ki vann Tikè; pou jwenn adrès yo rele nan: 1-800-TRI-RAIL (874-7245), sèvis TDD pou malantandan 1-800-273-7545, oswa la gade nan http://www.tri-rail.com/policies/discount_policy.htm

OFFICIAL USE ONLY

Date Received: _____ Received by: _____
Print Name

New Renewal Approved by: _____ Date: _____

Processed by: _____ Date: _____ EASY Card # _____
MM/DD/YYYY