



FOR OFFICE USE ONLY:

Code: _____
____ Emailed CATA Staff
____ Emailed Ride Right
____ Free Transit ID Card

**APPLICATION FOR PERSONS AGE 65 AND OVER
NOT ELIGIBLE UNDER ADA**

Eligibility for reduced fares on CATARIDE, which provides origin-to-destination transportation within the area served by the CATABUS public bus system, is limited to persons age 65 and over and to persons whose disabilities prevent their use of the CATABUS system.

This application is to be completed by persons age 65 and over without disabilities.

Name: _____ Gender (M/F): _____
(Last) (First) (Middle)

Address: _____
(Street) (Apt. #) (City) (State) (Zip)

Birth Date: ___/___/___ Telephone: (____)_____ Email: _____

Township: _____

I hereby certify that this information is true and correct to the best of my knowledge.

Signature: _____ Date: ___/___/___

Upon CATA’s acceptance of this application you will be provided with a brochure outlining program conditions and regulations. Your utilization of reduced CATARIDE fare will be deemed an acceptance of the terms contained therein. Please notify CATA if at any time your contact information changes.

Please bring this completed application and proof of age to CATA’s Customer Service Center, 108 E. Beaver Ave., State College, PA 16801 (Monday – Friday, 7:30 a.m. – 5:30 p.m.; Saturday, 9:00 a.m. - 1:00 p.m.).

Applicants with questions are encouraged to contact CATA at (814) 238-CATA(2282).

Only the following forms of identification can be accepted as proof of age: driver’s license, birth certificate, Armed Forces discharge papers, baptismal certificate, passport, letter from the Social Security Administration, PA Non-Driver’s Photo ID Card, P.A.C.E. ID, Veteran’s Universal Access Card, Resident Alien Card (INS), naturalization papers.

FOR OFFICE USE ONLY:

ID Shown: _____ ID #: _____
Approved by: _____ Date: ___/___/___
Senior Pass # Issued: _____
Replacement? ___ Yes ___ No Replaces #: _____