



**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:** birth certificate, baptismal certificate, state-issued driver's license, PennDOT-issued photo ID card, Armed Forces discharge papers, statement of age issued by the U.S. Social Security Administration for a Medicare recipient, U.S. passport, naturalization papers, PACE identification card, resident alien card issued by the U.S. Department of Justice—Immigration and Naturalization Service.

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ID Shown: \_\_\_\_\_ ID #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Senior Pass # Issued: \_\_\_\_\_