

# Reduced-Fare ID Application



45 Transit Court NW  
Concord, NC 28025  
[www.ckrider.com](http://www.ckrider.com)  
704-920-7433  
fax 704-920-6900

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ Have You Had a Reduced Fare ID Card Before (Yes)\_\_\_\_ (No)\_\_\_\_

A passenger may qualify for a Reduced-fare ID in one of the following ways:

(please check the appropriate box)

- SENIOR CITIZENS (Age 65 & over) and MEDICARE CARD HOLDERS** Senior citizens need to attach a copy of a driver's license, birth certificate or any other government issued form of ID that has your name and birth date on it. Medicare card holders need to attach a copy of their Medicare card and a copy of a photo ID.
- STUDENTS** Please attach a copy of a valid school ID and most recent report card or a current class schedule. The document must have your name and the institutions name and contact information.

### Parent Liability Waiver

*\*Note\*: As stated on the Rider Concord Kannapolis Area Transit website, it is our policy that all children ages 12- 14 must have a liability waiver signed by the parent/legal guardian before they will be permitted to ride the transit vehicle unaccompanied. Parent/legal guardian signature is required below. Children under the age of 12 will not be allowed to ride unescorted by an adult.*

*It is the responsibility of the Parent or Legal Guardian to ensure this form is completed and submitted for all qualifying unaccompanied children. This form will remain on file at the Rider Concord Kannapolis Area Transit Center.*

I certify that all information is true and correct. I understand this card is not transferable and I agree to use the ID card according to the programs' intended purpose. Parental/legal guardian signature is required for liability waiver. I further understand this liability waiver relinquishes "Rider Concord Kannapolis Area Transit" from any liability for injury or other incident(s) resulting from the transport of my un-escorted child.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### PHYSICIAN'S CERTIFICATION

IF YOUR PATIENT IS REQUESTING A REDUCED-FARE ID CARD BASED ON DISABILITY, PLEASE FAX A **LETTER OF MEDICAL NECESSITY AND THIS FORM** TO (704)920-6900, ATTENTION REDUCED FARE ID APPLICATION

I certify under penalty of perjury under the laws of the State of North Carolina that the above-named person has a permanent or temporary disability causing them difficulty using the service.

**Permanent**

**Temporary** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

DOCTOR NAME(PRINTED)

\*\*\*\*DOCTOR OR MEDICAL AGENCY SIGNATURE\*\*\*\*

Doctor phone #

DATE