



DISCOUNT FARES ARE APPLICABLE TO:

Persons 65 and older (Complete Sections 1 and 2)

Medicare recipients (Complete Sections 1 and 3)

Students: Defined as persons 12 or older who are enrolled in a public, private or charter middle, junior high or high school, including home school programs (Complete Sections 1, 2 and 4)

SECTION 1: APPLICANT INFORMATION

Applicant Name _____ Applicant Birthdate _____

Applicant Address _____ City _____ State _____ Zip Code _____

Applicant 10-Digit Phone Number () _____ Applicant Email _____

Preferred Communication Method: Phone or Email

Applicant Signature _____ Date: ___ / ___ / _____

SECTION 2: AGE DISCOUNT FARE VERIFICATION

Please provide a photo ID and one of the following documents for proof of age:

(Extra identification only needed if applicant doesn't have a driver's license.)

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Medical Record from Authorized Agency or Practice |
| <input type="checkbox"/> Arkansas Identification Card | <input type="checkbox"/> Other <i>(Rock Region METRO reserves the right to accept or deny alternate forms of proof of age.)</i> |
| <input type="checkbox"/> Birth Certificate | |
| <input type="checkbox"/> Voter Registration Card | |

SECTION 3: MEDICARE RECIPIENTS DISCOUNT FARE VERIFICATION

Please provide a photo ID, your Medicare card and/or one of the following forms of identification.

(Extra identification only needed if applicant doesn't have a driver's license.)

- | | |
|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Medical Record from Authorized Agency or Practice |
| <input type="checkbox"/> Arkansas Identification Card | <input type="checkbox"/> Other <i>(Rock Region METRO reserves the right to accept or deny alternate forms of proof of identification.)</i> |
| <input type="checkbox"/> Birth Certificate | |
| <input type="checkbox"/> Voter Registration Card | |



SECTION 4: STUDENT DISCOUNT FARE VERIFICATION

This section to be completed by a school representative.

I, _____, hereby certify that _____ is a current student at _____ and qualifies for a Rock Region METRO transportation discount fare.

School Representative Authorized Signature: _____ Date: ___ / ___ / _____

School Representative Title: _____

School Name: _____ School Phone Number _____ - _____ - _____

School Address _____ City _____ State _____ Zip Code _____

School Representative Work Email Address: _____

SUBMIT COMPLETED APPLICATIONS

to Rock Region METRO River Cities Travel Center, 310 Capitol Ave., Little Rock, AR 72201. Within five business days of receiving a completed application, METRO will inform the applicant of the results of their eligibility determination. If an application is approved, the applicant may obtain an Honored Citizen or Student photo identification card at the River Cities Travel Center, 310 Capitol Ave. Contact the METRO team 501-375-6717 with any questions.

FOR OFFICE USE ONLY

All application information has been completed by the applicant and collected by METRO.

Authorized Signature of METRO Employee: _____ Date: ___ / ___ / _____

Approved Denied

Discount Fare Pass Expiration Date ___ / ___ / _____

Discount Fare Type:

Persons 65 and older

Medicare recipients

Students

Application Received

Authorized Signature of METRO Employee: _____ Date: ___ / ___ / _____

Application Verified/Approved/Denied

Authorized Signature of METRO Employee: _____ Date: ___ / ___ / _____

Applicant Notified of Determination

Authorized Signature of METRO Employee: _____ Date: ___ / ___ / _____

