

Kings County Area Public Transit Agency

KART Application/Statement of Facts
for Disabled Person Identification Card for Fixed Route Service

(KART Riders eligible for Disability status may ride the regular fixed route service for ½ fare
between the hours of 9am thru 3pm.)

This Section To Be Completed By Applicant:

(Please print name and address)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone (Home): _____ (Work) _____ (Cell) _____
Date of birth ____/____/____ **Please enclose a 1x1 inch photo to make your pass.**

This Section to Be Completed By One of the Following:

Please check one:

Physician Chiropractor Health Care Professional Physical Therapist
 Rehabilitation Counselor Other Licensed Professional _____
(Please specify)

For Temporary Disability

The applicant is/will be temporarily disabled due to

Until (month) _____ (day) _____ (year) _____

For Permanent Disability

The applicant is permanently disabled due to

(Please describe disability)

Print Name of Certifying Person: _____ Signature: _____

Phone: _____ Address: _____

Date of Certification: ____/____/____.

For Office Use Only

Certification Date: _____

Expiration Date: _____

Copy of ID Pass

Issued

By: _____