



## Application for Vista Transit Discount Identification Card

Discounted Fare for seniors, Students and Disabled Riders for Route Service  
Separate Application Required for Curbside Service

Return this application with the necessary documentation to the Vista Transit Center, 2050 Wilcox Drive, or mail to Vista Transit 401 Giulio Cesare Ave., Sierra Vista, Arizona 86535. If you have any questions please call the Vista Transit Office at 520-417-4888.

### Part I. Applicant Request

Applicant's Name and Address (please print)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check the category under which you are applying for Discount I.D. Card:

1.  Senior Discount, proof of age 65 or over required.  
(Example: Medicare ID Card (white card with red and blue strips), Driver's License, Birth Certificate)
2.  Student Discount (class schedule or proof of current enrollment required)
3.  Disabled Discount, not eligible for curbside service.  
(Examples: Social Security Disability awards letter, Braille Institute ID Card, Disabled Veteran Service ID Card, or Professional Verification. *Please note that documentation must have your name associated with it.*)

**THERE IS A \$5.00 SERVICE CHARGE FOR PROCESSING ALL APPLICATIONS**

**Part II. Professional Verification**

**(Page 2 of 2)**

Applicant's Name and Address (please print)

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Is the applicant currently your patient?

Yes  No

2. Does the applicant have a functional or cognitive disability?

Yes  No

“Cannot perform tasks necessary for bus use including: getting to and from the bus stop, getting on the bus, riding the bus, and understanding how to navigate the system in a variety of environments.” *Note: ADA excludes from eligibility persons whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism/ drug addiction, or contagious disease.*

3. Does this patient's disability prevent them from using Vista Transit's route service safely?

Yes  No

**HEALTH CARE PROFESSIONAL CERTIFICATION:**

In my professional judgment this applicant's disability is: (Check one only)

Permanently Disabled  Temporarily Disabled for \_\_\_\_\_ months.  
(Note: Eligibility will not be issued for less than 3 months or more than 3 years)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ AZ Professional Lic. #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_

**Part III. Vista Transit Approval**

**(Page 3 of 3)**

Application for Vista Transit Discount Identification Card:

Approved and Issued      Date: \_\_\_\_\_

Not Issued      Reason: \_\_\_\_\_

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By: \_\_\_\_\_ Date: \_\_\_\_\_  
Vista Transit Administrator