



BASIN TRANSIT SERVICE  
Transportation District  
REDUCED FARE IDENTIFICATION CARD APPLICATION

You must qualify to purchase a Reduced Fare, Reduced Fare Monthly Pass, Reduced Fare Day Pass, or Reduced Fare Tokens. The drivers will check your Reduced Fare ID Card before selling you a reduced fare. Call our office for more details. Basin Transit Service offers Reduced Fare to any of the following passengers:

1. Passengers 65 years or older
2. Basin Lift Clients
3. People with documented Disabilities

Disabled: An eligible person is one who meets the Federal Transit Administration's definition of disabled, which is, "disabled persons mean any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary disability, are unable, without special facilities or special planning or design, to utilize mass transportation and service as effectively as persons who are not so affected."

Fill out the form and have a physician verify your disability and sign the form. Return the completed form to BTS. After we send you your Reduced Fare ID card you will then be eligible to purchase fares at the reduced rate. BASIN LIFT ID cards are also considered a Reduced Fare Card. Presentation of either card is required when purchasing any reduced fare ride, pass, or token.

If you are 65 years or older, please fill out the information below ONLY. It is not necessary to obtain a physician signature. Bring proof of your age and return the completed application to the BTS office at 1130 Adams Street, Monday through Friday from 8:00am to 5:00pm.

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**Please Print**

**Your Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

I certify that I meet the definition of "disable" as detailed above and I am eligible for the Reduced Fare offered by BTS to such person.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Have your physician complete the certification on the back of this form. The information provided will be reviewed and a determination of eligibility made.

Return the completed application to the BTS office at 1130 Adams Street, Klamath Falls, OR. 97601.



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**To the Physician:**

PLEASE NOTE: This side of the application must be completed in its' entirety by the treating physician, or the application will not be accepted.

PHYSICIAN'S OPINION OF DISABILITY

I have examined (applicant's name) \_\_\_\_\_ and it is my opinion that he/she is disabled within the meaning of the ADA as shown below.

DISABLED: An eligible person is one who meets the Federal Transit Administration's definition of disabled, which is, "disabled persons mean any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary disability, are unable, without special facilities or special planning or design, to utilize mass transportation and service as effectively as persons who are not so affected."

Eligibility can either be permanent or temporary.

1. Permanent means any impairment that is expected to last a lifetime, or which is considered terminal.
2. Temporary means any impairment that is expected to last for a period of not less than three months and not more than twelve months.

I believe that this disability is:

☐

Permanent (lasting more than twelve months)

☐

Temporary (lasting less than twelve months)

Ending on: \_\_\_\_\_

Month/Year

\_\_\_\_\_  
**Physician's Name** (Please Print Clearly)

\_\_\_\_\_  
**Licensing I.D. #**

\_\_\_\_\_  
**Office Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone Number**

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

\_\_\_\_\_  
**Physician's Signature** (FACSIMILE NOT ACCEPTABLE)

When this completed physician's opinion is returned to the transit district, a BTS staff person may contact you for verification purposes.

It is the applicant's responsibility to complete the application and have it signed by a duly licensed physician. BTS is not liable for any physician's or applicant's expense.