

**WACO TRANSIT SYSTEM CERTIFICATION FORM**  
**Application for Fixed Route Disability Discount Certification Form**

Section 1

Please Print or Type:

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Staff Signature \_\_\_\_\_

Section 2

**Bus Service Disability Definition:** A person is defined as having a disability by reason of illness, injury, congenital malfunction, or other permanent or temporary incapacity or disability. This person is unable without special facilities, special planning, or design to utilize Waco Transit's bus facilities and services effectively.

Waco Transit's buses are equipped with handrails at both the entry and exit doors, floor to ceiling stations throughout the vehicle, and handholds on the back of each seat. The first step distance from ground is 14". The two steps up to the vehicle floor are no more than 10" high.

Section 3

NAME OF DISABILITY: Please check one or more that apply

<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Stroke
<input type="checkbox"/> Arthritis, Hip or Leg	<input type="checkbox"/> Quadriplegic	<input type="checkbox"/> Legally Blind
<input type="checkbox"/> Arthritis (other)	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Mental Retardation
<input type="checkbox"/> Other (Specify): _____		

Nature of Mobility Issue: Please check one or more that apply

<input type="checkbox"/> Must use a Wheelchair	<input type="checkbox"/> Unable to stand or walk without special facilities, apparatus, or assistance
<input type="checkbox"/> Must use a walker	<input type="checkbox"/> Unable to read signs without special facilities, apparatus or assistance
<input type="checkbox"/> Unable to climb two steps	<input type="checkbox"/> Unable to enter a bus without special facilities, apparatus or assistance
<input type="checkbox"/> Legally blind	<input type="checkbox"/> Must use a cane, braces or crutches
<input type="checkbox"/> Other (Specify) _____	

Section 4

**CERTIFICATION:** (Completed by Physician or other Approved Certifying Agency)

I certify that this applicant \_\_\_\_\_ is disabled, \_\_\_\_\_ is not disabled as listed on Section 2 of this form.

In my professional opinion this person is: \_\_\_\_\_ ABLE, \_\_\_\_\_ ABLE WITH GREAT DIFFICULTY, \_\_\_\_\_ UNABLE to use Waco Transit buses due to disability.

EXAMINER \_\_\_\_\_ TITLE \_\_\_\_\_

AGENCY OR ORGANIZATION \_\_\_\_\_