



Bay Area Transportation Authority

**REDUCED FARE PROGRAM APPLICATION  
FOR SENIOR CITIZENS, VETERANS AND ACTIVE  
MILITARY**

**BATA**

~~Office Manager~~ - **Reduced Fare Program**

~~3233 Cass Road~~ [115 Hall Street](#)

**Traverse City, MI 49684**

**231-941-2324**

## **BATA REDUCED FARE PROGRAM APPLICATION FOR SENIOR CITIZENS, VETERANS AND ACTIVE MILITARY**

A BATA Reduced Fare Card entitles the bearer to a reduced fare on all BATA routes provided by the Bay Area Transportation Authority transit service.

To receive a BATA Reduced Fare Card, applicants are required to complete all information in APPLICANT SECTION. A photo ID and proof of eligibility documentation is required (see ELIGIBILITY CRITERIA). Mail completed application and documentation to:

BATA  
~~Office Manager~~ – Reduced Fare Program  
~~3233 Cass Road~~ 115 Hall St.  
Traverse City, MI 49684

Please allow BATA 7 to 14 days for processing after receipt of application. We will notify you upon your acceptance of eligibility and will mail you instructions on how to obtain your BATA Reduced Fare Card.

The BATA Reduced Fare Office is open Monday – Friday 9AM – 4PM at 231-941-2324.

### **GENERAL PROVISIONS FOR ELIGIBILITY CRITERIA**

- A senior citizen is defined as anyone age 60 and over.
- Senior citizen applicants must include proof of eligibility such as a valid state driver's license, Medicare card or valid state identification card which verifies the applicant's date of birth.
- Veterans and active military must show valid military identification.
- Once issued, BATA Reduced Fare Cards for senior citizens, veterans and active military will not have expiration dates.
- BATA reserves the right to verify the application information by contacting the person completing the forms.
- Certification forms will be confidential records and kept on file at BATA.

# BATA REDUCED FARE PROGRAM APPLICATION FOR SENIOR CITIZENS, VETERANS AND ACTIVE MILITARY

## APPLICANT SECTION

**PLEASE PRINT IN INK**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number XXX-XX-\_\_\_\_\_

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

Veterans or Active Military Identification ☐ (Please make a copy of identification and attach to application)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If this application has been completed by someone other than applicant, please provide information below:

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

Relationship to Applicant \_\_\_\_\_

First time applicants will not be charged for the Reduced Fare Card. Any cards lost or damaged are subject to a \$5.00 replacement fee. A Replacement Application and fee must be submitted to obtain a replacement card.

I understand that BATA has the authority to revoke my Reduced Fare Card if I misuse the card or damage transit agency property. I agree to obey all transit rules and regulations. I hereby certify that the information provided on this application is true and correct.

<b>For Office Use Only</b>
Date application received
Approval    Yes ( )    No ( )
Date approved
Card Number
Expiration Date
Issued by