

## College Student Reduced Fare & **Dial-A-Ride Application**

Mail To: **Coos County Area Transit** 

> 2810 Ocean Blvd Coos Bay, OR 97420

**Phone:** (541) 267. 7111

Students in college are eligible for 1) reduced fares on all Deviated CCAT buses, 2) Dial-A-Ride service.

| Appl  | icant information: (F                                | PLEASE PRINT LE     | GIBLY)            |                        |       |
|---|--|---------------------|-------------------|------------------------|-------|
| Name:   | ,  |                     |                   |                        |       |
|   | t name   | First name          |                   |                        |       |
| Mailing address:  |  |                     |                   |                        |       |
| Street  |  | City                | State             | Zip                    |       |
| Date of birth:  | Age  |                     |                   |                        |       |
| Telephone number: ( )   | ddress:  |                     |                   |                        |       |
| Certification of eligibility section (  College student. Any age. School ID or do                 | (Check only one box below ocumentation. Attach Copy. | v) Note: Passeng    | ers must recerti  | fy every 2 years.      |       |
| ☐ Other. Explain: (Home school, online classe   | es, any age)   |                     |                   |                        |       |
| I agree to release the information I am sending certify that the information above is true and co |  | aking this Reduce   | d Fare Program El | igibility determinatio | on. I |
| Signature of applicant  |  | Date                |                   |                        | _     |
| Signature of parent or guardian if applicant is ur<br>DO NOT WRIT                                 | nder 18<br>E BELOW THIS LINE.DESIGNA                 |                     |                   |                        | _     |
|   | Designated Agency                                    |                     |                   |                        |       |
|   | Representative's sign                                | nature & Printed N  | Name              |                        | _     |
|   | Date   |                     |                   |                        |       |
| DO NO   | OT WRITE BELOW THIS LINE.                            | CCAT OFFICE USE     | ONLY              |                        |       |
| Coos County Area Transit - CCAT Student Eligibi   | ility Approved (Y/N) If no, wh                       | y?                  |                   |                        |       |
|   | CCAT Representative                                  | e's Signature & Pri | nted Name         |                        |       |
|   | Effective Date. End                                  | Date//_             | (2 years)         |                        |       |

For the purpose of simplifying administration of the REDUCED FARE PROGRAM, social service agencies or other organizations that are interested in processing Reduced Fare Applications for their clients may be selected, at CCAT's discretion, to operate as a "Designated Administrative Agency."