



**City of Annapolis**  
**Transportation Department**  
 308 Chinquapin Round Road  
 Annapolis, MD 21401-4007



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### SR/ADA/Special Needs Identification Card Application

This information is confidential and will not be released by the City of Annapolis Department of Transportation. Persons 60 years of age or older need not apply for certification as handicapped.

Applicant's full name \_\_\_\_\_

Mail address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

Resident (if applicable)                      City                      Anne Arundel County                      Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Physician / Service Professional (*please print or type*)

One or more of the following criteria must be identified for eligibility for reduced fare program:

- Confinement to a wheelchair
- Use of crutches, braces or walker
- Inability to walk between bus stops (four blocks)
- Inability to climb a bus step (15 inches)
- Inability to stand waiting for a bus (15 minutes)
- Inability to comprehend the service (route and fare)
- Inability to travel without special facilities, assistance or escort - specify below

I certify that \_\_\_\_\_ meets the City of Annapolis Transit

eligibility criteria and is                      permanently                      temporarily                      eligible for the identification pass.

Length of temporary disability (estimated number of months) \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Mail address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

FOR OFFICE USE ONLY

Approved                      Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_