

# ATRANS ALEXANDRIA'S TRANSIT SYSTEM

City of Alexandria, LA  
ATRANS  
P.O. Box 71  
Alexandria, LA 71309-0071

(318) 441-6087  
TDD 441-6093

## APPLICATION FOR HALF-FARE PROGRAMS

Please complete this application if you qualify for the half-fare program mandated by the Federal Transit Administration and offered by the City of Alexandria. You qualify if you are elderly (aged 62 and older) or are a Medicare recipient. Please attach a copy of your drivers' license, identification card, birth certificate, or Medicare card (proof of benefits). Please circle appropriate program:

ELDERLY

MEDICARE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Office Use ONLY:

1. Proof of Identification -                      Yes                      NO

2. Type of Identification

3. Approved By

4. Date of Approval