



For CATS Use Only
Date of Issue _____
Issued by _____

Charlotte Area Transit System Certificate of Disability

Instructions to Applicant:

Complete the top part of this form. Have your physician complete the bottom part and return it to the Transportation Center along with your State ID or Drivers License. The cost for the ID card is \$1.00. This ID card will allow you to ride Charlotte Area Transit System for a reduced fare.

Name _____ Date of Birth ____/____/____
(Last) (First) (Middle) mm dd yy

Address _____ Apt. _____

City _____ Zip _____

I certify that all the information above is true and correct. I agree to use the ID card issued under this program for the purpose intended.

Signature _____ Date _____

Instructions to Physician:

If your patient meets the criteria described below, complete the bottom of the form.

Doctor's Certification

I certify that the above named individual has a permanent or temporary disability. The expected duration of the disability is:

Permanent _____ Temporary _____ Expiration Date ____/____/____
mm dd yy

Physician's Signature _____

Physician's Name (Typed or Printed) _____

Physician's Address _____

Agency (If Applicable) _____



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