



Brazos Transit District

Fixed Route Disabled Pass Application

Return completed form to Brazos Transit District, 2117 Nuches Ln., Bryan, Texas 77803.

This pass allows you to ride the fixed routes for half fare. Fixed Routes travel the same designated route hourly and are in the cities of Bryan/College Station, Cleveland, Diboll, Liberty/Dayton/Ames, Lufkin, Nacogdoches. All buses are accessible. You may board the bus anywhere safe along the route if you are on the same side of the street as the entrance to the bus. To find the closest fixed route to you visit us at <http://www.btd.org/fixed-routes/map/> or call 1-800-272-0039.

This application is for Fixed Route ONLY, not for ADA Paratransit or Demand and Response Service.

Bottom section must be completed by your physician.

Name (Last, First, Middle Initial)	Can you get to a fixed route bus stop? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Phone #: (include area code)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street or Mailing Address, City, and Zip Code		

Do you require a Personal Care Attendant? No Yes **If yes, Physician must complete bottom section**

Do you use a wheelchair? No Yes **If yes, your Physician must complete bottom section.**

Make _____ Model _____

If visually impaired, do you use a guide dog? No Yes A cane? No Yes A walker? No Yes

Applicant Signature: _____ Date: _____

If application is being completed by someone other than the applicant, please complete the line below.

Name:	Relationship:	Phone Number:
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This section must be completed by Physician for a Disabled pass.

Disability/Medical Diagnosis:	Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Combined Weight of Client & Wheelchair: _____ pounds

Note: Brazos Transit District may not be able to accommodate patron, if the mobility device is longer than 48" or wider than 30", or if the total weight with mobility device is more than 600 pounds. (ADA s 37.165)

Hospital/Facility Name:	Physician's Phone Number:
Verifying Physician Name (Print)	Verifying Physician Signature

FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY

Authorized by & Date:	<input type="checkbox"/> Approved <input type="checkbox"/> D-Pass PCA
	<input type="checkbox"/> Denied # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No BTD-13



Brazos Transit District

Fixed Route Senior Pass Application

Return completed form to Brazos Transit District, 2117 Nuches Ln., Bryan, Texas 77803.

This pass allows you to ride the fixed routes for half fare. Fixed Routes travel the same designated route hourly and are in the cities of Bryan/College Station, Cleveland, Diboll, Liberty/Dayton/Ames, Lufkin, Nacogdoches. All buses are accessible. You may board the bus anywhere safe along the route if you are on the same side of the street as the entrance to the bus. To find the closest fixed route to you visit us at <http://www.btd.org/fixed-routes/map/> or call 1-800-272-0039.

This application is for Fixed Route ONLY, not for ADA Paratransit or Demand and Response Service.

Must be 65 or over, please attach a copy of Driver's License or Photo ID to verify age.

Name (Last, First, Middle Initial)	Can you get to a fixed route bus stop? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Phone #: (include area code)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Street or Mailing Address, City, and Zip Code

Do you require a Personal Care Attendant? No Yes **If yes, Physician must complete bottom section**

Do you use a wheelchair? No Yes **If yes, your Physician must complete bottom section.**

Make _____ Model _____

If visually impaired, do you use a guide dog? No Yes A cane? No Yes A walker? No Yes

Applicant Signature: _____ Date: _____

If application is being completed by someone other than the applicant, please complete the line below.

Name:	Relationship:	Phone Number:
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Must be Completed by Physician if a Personal Care Attendant is required.

Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Combined Weight of Client & Wheelchair: _____ pounds
Note: Brazos Transit District may not be able to accommodate patron, if the mobility device is longer than 48" or wider than 30", or if the total weight with mobility device is more than 600 pounds. (ADA s 37.165)

Hospital/Facility Name:	Physician's Phone Number:
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Verifying Physician Name (Print)	Verifying Physician Signature
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FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY

Authorized by & Date:	<input type="checkbox"/> Approved <input type="checkbox"/> S-Pass PCA <input type="checkbox"/> Denied # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	BTD-13
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