



PUEBLO TRANSIT
350 Alan Hamel Ave.
Pueblo, CO 81003
(719) 553-2725
FAX: (719) 553-2724

APPLICATION FOR DISABLED BUS CARD

1. APPLICANT INFORMATION (Please Print or Type)

Name of Disabled Person: _____

Address of Applicant: _____

City _____ State _____ Zip _____

Applicant's Phone Number: _____

2. DETERMINATION OF PHYSICIAN

a. Duration of Disability (Check One)

_____ Permanent Condition

_____ Temporary Condition (Estimated Duration of _____ Months)

b. Description of Disability: (Please be specific)

c. Type of Special Facilities or Equipment Needed:

d. I, the undersigned physician, licensed to practice medicine in the State of Colorado, hereby determine that

_____ BY REASON OF ILLNESS, INJURY, CONGENITAL MALFUNCTION, OR OTHER PERMANENT OR TEMPORARY INCAPACITY OR DISABILITY IS UNABLE AT THIS TIME TO UTILIZE EXISTING LOCAL MASS TRANSPORTATION FACILITIES AND SERVICES EFFECTIVELY WITHOUT SPECIAL FACILITIES OR EQUIPMENT, and should be afforded a Disability Bus Card entitling him/her to reduced bus fare privileges, under the Pueblo Transit Disabled Bus Pass Program.

Name of Physician (Please Print or Type): _____

Business Address: _____ Phone: _____

Date: _____ Signature of Physician _____

DO NOT WRITE BELOW THIS LINE

Card Authorized By: _____ Date of Issue: _____ Card No. _____

***** Please return this form to: Pueblo Transit at 123 Court Street. *******