

**DETACH AND MAIL TO: CAMBRIA COUNTY TRANSIT AUTHORITY, 726 CENTRAL AVE,
JOHNSTOWN, PA, 15902. WITH QUESTIONS, CALL CAMTRAN AT 814-535-5526.**

APPLICATION _____
SENIOR CITIZEN TRANSIT CARD NUMBER _____
IDENTIFICATION CARD
FREE FARE CARD
TRANSIT PROGRAMS FOR SENIOR CITIZENS

NAME OF APPLICANT (Last, First, Middle Initial) _____ DATE OF APPLICATION _____

ADDRESS (Street or Route) _____ (City or Post Office) _____ (State) _____ (Zip Code) _____

HOME TELEPHONE NUMBER _____ DATE OF BIRTH _____ AGE _____ MALE SIGN HERE

AREA CODE () _____ FEMALE X _____

THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS _____
- BIRTH CERTIFICATE - NUMBER _____
- PACE IDENTIFICATION CARD - NUMBER _____
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE - NUMBER _____

PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS. PLEASE SEND PHOTOCOPY OF ONE PROOF OF AGE

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION - DATE

PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

NAME OF TRANSIT AGENCY (include Street or Route, City or Post Office, State, Zip Code)