APPLICATION for
HONORED RIDER PASS
- Lifetime Pass for Persons age 65 and Older-

To get an *LTD Honored Rider Pass* you must complete and sign this application. Present the application with personal identification and proof of age to the LTD Customer Service Center. There is a $3 charge payable when your pass with photo identification is prepared.

GENERAL CONTACT INFORMATION – Must be completed by all applicants

Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Phone: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION - Optional

Emergency Contact: _____

Relationship to Applicant: _____ Phone #: _____

In applying for an Honored Rider Pass, I agree to release to Lane Transit District the information requested for the purposes of establishing my eligibility for this program. I understand that my Honored Rider Pass will entitle me to ride the regularly scheduled LTD fixed-route bus service for free. I agree to use the pass in accordance with the guidelines set by Lane Transit District for the Honored Rider Program and understand that allowing another person to use the pass is fraudulent.

I understand that, although I have paid the $3 fee for the use of the pass, it remains the property of Lane Transit District and may be retrieved upon expiration or for misuse.

If I move to a new address, I must notify LTD within 30 days.

I hereby certify that all the statements made in this application are true representations of my eligibility to participate in LTD's Honored Rider Program.

_____   _____

Signature   * Required by all applicants   Date

LTD USE ONLY – Honored Rider Pass

Proof of Age Presented:

☐ Driver's License
☐ Passport
☐ State ID
☐ Other: _____

Mobility Assistance: Check all that apply.

1. ☐ Wheelchair Lift or Ramp   ☐ Securement Loops
2. ☐ Braille Signage
2. ☐ Stop Announcements
3. ☐ Kneeling Feature
3. ☐ Preferred Seating
4. ☐ Individual Attention from Operator
5. ☐ Transit Training
6. ☐ Transit Hosts
7. ☐ Attendant Needed
8. ☐ Other (specify) _____

☐ Application Approved
☐ Application Denied

Comments:

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_____
(Signature of LTD Reviewer)   (Date)

_____
(Printed Name)