



SECTION I – APPLICANT INFORMATION (To be completed by applicant)

Last Name First Name MI Date of Birth

Address Street Apt. #

City State Zip Code Telephone

I declare under penalty of perjury in the State of California that I have a disability and qualify for an MTS identification card for individuals with disabilities and the information that I have given is true and correct.

Applicant's Signature: _____ Date: _____

MTS reserves the right to make final determination of eligibility for MTS identification cards for individuals with disabilities (MTS ID CARD). Applications are for internal use only and will not be subject to public review. It is understood that the issuance of the MTS ID CARD is for the purpose of identifying the individual as qualifying for a reduced fare. The card is not transferable. Should an application for the MTS ID CARD be denied, an appeal of that denial may be arranged by contacting MTS.

In the event that MTS discovers falsification of the information provided, MTS reserves the right to revoke the MTS ID CARD.

If you do not want your address to be identified on your card, please check here.
(Failure to provide an address could result in our inability to return a lost card.)

I _____, authorize _____

(Professional or Physician) to verify my disabled status with the Metropolitan Transit System

Health Insurance Portability and Accountability Act of 1996 (HIPAA)



General Information

Service/Trip planning/eStore

www.sdcommute.com or
www.transitosandiego.com

Regional Telephone Information

(619) 233-3004
Toll free 1-800-COMMUTE (266-6883)
TTY/TDD (619) 234-5005
Toll free 1-888-722-4889
Recorded information (619) 231-8549
24-Hour InfoExpress (619) 685-4900
San Diego Trolley, Inc. (619) 595-4949

Emergencies/Security/ Fare Machine Problems

(619) 595-4960

The Transit Store

Your store for passes, tokens, maps, timetables, and lost and found (articles held for 30 days).

102 Broadway (at First Avenue)
San Diego, CA 92101
(619) 234-1060

