



1255 Imperial Avenue, Suite 1000
San Diego, CA 92101-7490
(619) 231-1466 • FAX (619) 234-3407

APPLICATION FOR REDUCED FARE S/D/M Compass Card (SHORT FORM)

Note: If you are applying for a San Diego Metropolitan Transit System (MTS) S/D/M Compass Card with *a statement of disability from a physician*, **STOP** and complete the Application For Reduced Fare (Long Form).

Section A. APPLICANT INFORMATION (Please print legibly)

Name _____ Date of Birth ____ / ____ / ____
Last First MI
Mailing Address _____ Apt # _____
City _____ State _____ Zip _____ Phone No. (____) _____

Section B. NEW CARD or REPLACEMENT

- ☐ **New card.** If you have not had an S/D/M Compass Card before, check this box. The cost is \$7.
- ☐ **Replacement card.** If your S/D/M Compass Card was lost, stolen, or expired, check this box. The cost of a replacement card is \$7 (does not include balance protection on lost, stolen or expired card unless your Compass Card was registered).

Section C. CERTIFICATION of ELIGIBILITY

Please mark your eligibility category below. Check **ONLY ONE** category. Applicants are required to present a valid passport or valid state-issued photo ID card in addition to the documents listed below.

- ☐ **Senior** 60 or Older? ☐ Yes ☐ No
Applicant 60 years of age or older must show valid picture ID with birth date. Acceptable forms of ID for proof of age are: **1.** Valid State Drivers License, or **2.** Valid DMV Identification Card, or **3.** Valid Passport.
- ☐ **Supplemental Security Income (SSI) or Social Security Disability Income (SSD)** ☐ Supplemental Security Income **-or-** ☐ Social Security Disability Income
Award Letter Date: ____ / ____ / ____
Claim Number: X X X - X X -
Applicant must show original award letter (*that was issued within ONE year*) to The Transit Store staff. Photo copies or faxes will **NOT** be accepted.
- ☐ **DMV Disabled Eligibility** Valid Registration Number for DMV Placard: _____
Applicant must show valid registration for a DMV placard to The Transit Store staff. Photo copies or faxes will **NOT** be accepted.
- ☐ **Medicare Recipient** Medicare Card (not Medi-Cal)
Applicant must show original Medicare Card to MTS Transit Store staff. Photo copies or faxes will **NOT** be accepted.
- ☐ **MTS Access Recipient** MTS Access Certification expiration date: ____ / ____ / ____
Applicant must show original Access Certification to MTS Transit Store staff. Photo copies or faxes will **NOT** be accepted. I authorize the Metropolitan Transit System to confirm Access Certification through Medical Transportation Management (MTM).

Section D. APPLICANT SIGNATURE

I certify to the best of my knowledge that the information on this application is true and correct.

I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that I must either: be 60 years of age or older, have a valid award letter from SSI or SSD, have a Medicare card, have registration for DMV placard, or be an MTS Access recipient.

I understand that I must provide this completed and signed application and the required state or government-issued photo ID that shows that I qualify for a reduced fare in person to be considered for an S/D/M Compass Card. I understand that there is a processing fee for the card.

I understand that the S/D/M Compass Card is not transferable to others.

I understand that MTS reserves the right to determine eligibility based on federal guidelines.

I understand that the S/D/M Compass Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the program.

I understand that I must tap my S/D/M Compass Card on the bus farebox card reader or trolley validator to be eligible for the reduced fare.

Signature

(Parent/Legal Guardian must sign if applicant is under 18)

Date

Section E. REGISTRATION for S/D/M BALANCE PROTECTION

☐ Yes, Register S/D/M Compass Card for FREE Balance Protection.

Balance Protection is a FREE program to replace the balance on a lost, stolen, damaged or expired S/D/M Compass Card. You MUST select "YES" for the Balance Protection to register your S/D/M Compass Card.

Return Application In Person To: MTS Transit Store
1255 Imperial Avenue, 1st Floor
San Diego, CA 92101

Hearing-Impaired Customers:

TDD - Southern San Diego Co. 619.234.5005; Northern San Diego Co. 1.888.722.4889

Section F. FOR OFFICE USE ONLY

Government or State-Issued ID Card

Expiration Date

Staff Initials

Compass Card No:
(Please print clearly)

0	1	6	0												
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Card Issue Date

Eligibility Expiration Date