



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 Middle Initial

Mailing Address _____ Apt. No. _____

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 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 a valid state-issued photo ID card in addition to the documents listed below.

Senior (60 or older) Applicants who are 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 Driver License; or **2.** Valid DMV Identification Card; or **3.** Valid Passport.

Supplemental Security Income (SSI) -or- Social Security Disability Income (SSDI) Award Letter Date: ____/____/____

BNC#:																			
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REF: _____

Applicant must show **ORIGINAL** award letter (issued **within ONE YEAR**) to MTS Transit Store staff. Photo copies will **NOT** be accepted.

DMV Disabled Eligibility **Valid Registration Number for DMV Placard:** _____

Applicant must show valid registration for a DMV placard to MTS 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.

By initialing here, 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 SSDI; 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 transferrable 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 County 619.234.5005
TDD – Northern San Diego County 1.888.722.4889

Section F. FOR OFFICE USE ONLY

Government or State-Issued ID Card	____/____/____	Staff Initials																												
Compass Card No.: (Please print clearly)	<table border="1"> <tr> <td>0</td><td>1</td><td>6</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										0	1	6	0																
0	1	6	0																											
Card Issue Date	____/____/____	Eligibility Expiration Date	____/____/____																											