

APPLICATION FOR AN OC TRANSPO ATTENDANT CARD AND PRIORITY SEATING CARD IN THE COOPERATIVE SEATING AREA AT THE FRONT OF THE BUS

GENERAL INFORMATION

The OC Transpo **ATTENDANT CARD** is a Photo ID card that identifies a person who, because of their disability, requires assistance while traveling on OC Transpo's regular service and therefore requires an attendant. This card will allow the cardholder to have an attendant travel with them at no charge on OC Transpo.

The **PRIORITY SEATING CARD** assists a person who has a disability or medical condition rendering it difficult or impossible for them to stand in a moving vehicle. When shown as ID, the holder is given priority to sit at the front of the bus in the designated cooperative seating area.

Complete the following details and bring the form in person to an OC Transpo Sales and Information Centre to have your photo taken and receive your card at no charge.

For further information or clarification of "Health Care Professional", please send your request to accessinfo@octranspo.com or call "Access OC Transpo" telephone hotline a 613- 842-3625. TTY users call 613-741-5280. You may also visit our web site at www.octranspo.com to print a copy of the application form.

Cardholders will be asked to update their information and renew their card every five years at no charge.

TO BE COMPLETED BY THE PERSON REQUESTING THE CARD. PLEASE PRINT

ATTENDANT CARD **PRIORITY SEATING CARD**

NAME:

Surname First Name

ADDRESS:

Street City Province Postal Code

TELEPHONE NUMBER:

(Business) (Home)

PLEASE HAVE THIS SECTION COMPLETED BY A HEALTH CARE PROFESSIONAL (Doctor, Nurse, Physiotherapist, Occupational Therapist, Recreational Therapist, Speech Therapist)

To assist OC Transpo in confirming eligibility for this card, please complete the following information:

Health Care Professional's Name (please print) Registration No. Telephone Number

Organization's Name

ADDRESS:

Street City Province Postal Code

Health Care Professional's Signature Date

Please note that OC Transpo reserves the right to verify the above information.

FOR USE BY OC TRANSPO

DATE OF ISSUE: _____ **PHOTO ID NO.:** _____