



**APPLICATION FOR
OC TRANSPO ATTENDANT CARD OR
PRIORITY SEATING CARD**



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 provide the cardholder's attendant with free transportation 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 priority 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. There is no cost for the PRIORITY SEATING Identification Card.

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

Card holders will be asked to update their information and obtain a new card every five years.

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

ATTENDANT CARD <input type="checkbox"/>		PRIORITY SEATING CARD <input type="checkbox"/>		
NAME: _____		_____		
Surname		Given Name		
ADDRESS: _____		_____	_____	_____
Street		City	Province	Postal Code
TELEPHONE: _____	_____	PARA TRANSPO ID NUMBER _____		
(Business)	(Home)			

IF YOU DO NOT HAVE A PARA TRANSPO IDENTIFICATION NUMBER, 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 questionnaire:

_____	_____	_____	
Health Care Professional's Name (please print)	Registration #	Telephone Number	
_____	_____	_____	
Organization's Name		Card Expiry Date (Five Years)	
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.: _____
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