



**Application For:
REDUCED FARE PROGRAM
(Fixed Route)**

SHORT FORM

Use this form if you are age 65 or older or have a Medicare Card.

If you have a disability and do not have a Medicare Card or are not age 65, you must complete the Full Form Reduced Fare Application. Do not use this form.

Any applications received that are not complete will be returned to the applicant.

DART First State reserves the right to verify Certification Forms by contacting persons completing the forms.

Any fees charged for the completion of Certification Forms are not the responsibility of DART First State.

Certification Forms are confidential records and kept on file at DART First State during the period of eligibility.

Once your application has been received and all information verified, you will be notified of your approval or denial. You will be required to come in to one of our offices and have a photo taken. Please bring another photo ID with you to verify your identity. Photos can be taken at the following locations:

Monday through Friday
8:00 am – 4:30 pm

Delaware Transit Corporation
900 Public Safety Blvd
Dover, DE

Delaware Transit Corporation
119 Lower Beech St
Wilmington, DE

Arrangements are also available at other sites upon request by appointment.

FOR QUESTIONS CALL:

**DART First State
Eligibility Section
1-800-652-3278, Option 3**

MAIL OR FAX APPLICATION TO:

**DART First State Eligibility Section
900 Public Safety Blvd
Dover, DE 19901
FAX: 302-760-2932
If application is faxed, do not send original.**



Application For:
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SHORT FORM

Use this form if you are 65 or older or have a Medicare Card

Medicare Card – Complete this page. Submit with copy of your Medicare Card.
Age 65 and Older – Complete this page. Submit with ONE copy of proof of age

All information must be provided in order to process your application

Name _____
(Last) (First) (M.I.)

Address _____
(Street) (Apt.)

(Name of Development/Apartment Complex, etc)

(City) (State) (Zip)

Sex: () Male () Female Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____ (Minimum – Last 4 digits required)

Phone Number _____ (where you can be reached Mon-Fri 8:00 am – 4:30 pm)

Signature _____

If you have any questions, please call:
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For office use only: [] Approved [] Denied By _____ Date _____
Trapeze ID _____ Picture on File [] Yes [] No
Notification Mailed Date: _____ By _____ Date _____