



CitiBus Application for Half-Fare Persons with Disabilities

The City of Davenport's CitiBus program offers a program for Persons with Disabilities (PWD) to receive the benefit of half-fare for all of CitiBus' fixed route services. To apply for this benefit and receive a PWD Half-Fare ID, complete this application and return this form to: CitiBus Transit located at 300 W River Drive, Davenport, IA 52801. You may present this application during offices hours (Monday through Friday, 8am to 5pm) or mail the application to the Transit Center.

To be eligible for this program, your disability must be verified by a physician or an authorized representative of the Handicapped Development Center, Vera French Mental Health Center, the Vocational Rehabilitation Center or the Veterans Administration in the space provided below. If a temporary disability exists, the duration must exceed three (3) months to qualify for this program.

If approved, the PWD Half-Fare ID is valid on all 3 Quad City Area Transit Systems: Davenport CitiBus, MetroLink, and Bettendorf Transit. The ID provides the user with reduced fare on all regular daily fixed route services and Saturday morning subscription services.

The PWD Half-Fare ID is non-transferable and if presented by any person other than the authorized cardholder, the operator will take the I.D. Card and collect a full fare.

Cardholders with a permanent disability must reapply, or renew their application for the PWD Half-Fare ID every two (2) years) prior to the ID's expiration date. Renewal can be done by phone by calling Davenport CitiBus at 563.888.2151.

Name (Last, First, Middle)				
Address		State	Zip	
Phone Number		Date of Birth		

For the purpose of obtaining a PWD Half-Fare ID Card, I hereby authorize _____ to release information certifying my disability as indicated below.

Applicant Signature	Date
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To be Completed by Physician or Agency. This certification must be completed by one of the following: Physician, or an authorized representative of the Handicapped Development Center, Vera French Mental Health Center, the Vocational Rehabilitation Center or the Veterans Administration.

I, _____ (please print name), certify that according to my: (Check All That Apply)

personal examination, office records, agency records that: _____ (Applicant Name)

has a: (Check All That Apply) mental or physical handicap that substantially limits one ore more major life activities. The handicap is permanent or temporary and is estimated to have a duration of _____ months.

By signing I hereby certify the individual identified in this application is disabled to the extent detailed above.

Physician or Authorized Representative Signature	Date
Title or Position	Agency

Applicant can present or mail this completed form to:
Davenport CitiBus, 300 W River Drive, Davenport, IA. Questions? Call 563.888.2151.