



FOR OFFICE USE ONLY – DO NOT COMPLETE	
ID Number:	_____
Date Issued:	_____
Expires:	_____
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

GODURHAM DISCOUNT ID APPLICATION

The Discount ID allows persons with disabilities to ride GoDurham buses for half fare. Please complete the top part of this form, and have your healthcare provider complete the bottom part. The Health Care Provider Verification must be completed and signed by your doctor, nurse or other health care provider (who is not a family member). A photo must be taken in person at Durham Station (515 W. Pettigrew St, Durham, NC 27701), Monday-Friday, 8:30am-11:00am & 12:30pm-4:30pm (excluding holidays). Please bring your completed application. Please call (919) 560-1747 for more information.

Note: A valid Medicare Card or GoDurham ACCESS ID may be used to secure a discount ID in lieu of a Physician’s signature.

CUSTOMER INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Date of Birth: ____ / ____ / ____
MM DD YYYY

HEALTH CARE PROVIDER VERIFICATION (to be completed by healthcare provider)

I have read this application and certify that the individual named above has a permanent or temporary disability. The expected duration of the disability is:

- Permanent
- Temporary

If “Temporary”, please enter the expiration date: ____ / ____ / ____
MM DD YYYY

Printed Name: _____ Phone Number: _____

If not an MD, list medical title: _____

Address: _____

Health Care Provider Signature

Date