



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

FULL FORM

Use this form if you have a disability and do not have a Medicare Card. If you are applying based on age or you have a Medicare Card, complete the SHORT FORM Application.

Part A and Part B must be submitted together in order to be processed. 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 4**

MAIL OR Email APPLICATION TO:

DART First State
Eligibility Section
900 Public Safety Blvd
Dover, DE 19901

EMAIL:

DOT_Eligibility_Faxes@Delaware.gov

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Use this form if you have a disability, and do not have a Medicare Card. All information must be provided in order to process your application.

PART A:
TO BE COMPLETED BY APPLICANT

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

Address (Street) (Apt.)

(Name of Development, Apartment Complex, etc.)

(City) (County) (State) (Zip)

Sex: () Male () Female (Optional) Date of Birth (Optional)

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

Signature Date

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For office use only: [] Approved [] Denied By Date

Trapeze ID # Picture on File [] Yes [] No

Notification Mailed Date: By Date

