



**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 reserves the right to verify Certification Forms by contacting persons

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

Certification Forms are confidential records and kept on file at DART 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.

<p><b>If you have any QUESTIONS PLEASE CALL: DART Eligibility Section 1-800-652-3278, Option 4</b></p>	<p><b>MAIL OR FAX APPLICATION TO</b> DART Eligibility Section 900 Public Safety Blvd Dover, DE 19901 <b>FAX: 302-760-2932</b> If application is faxed, do not send original.</p>
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**Use this form if you are age 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 xxx - xxx - \_\_\_\_\_ (Required - Last 4 digits)

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

Signature \_\_\_\_\_

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