

Goldsboro–Wayne Transportation Authority
P.O. BOX 227
GOLDSBORO, NC 27533-0227
Phone (919) 736-1374 ext 216

Alan Stubbs
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Bruce Gates
Chairman

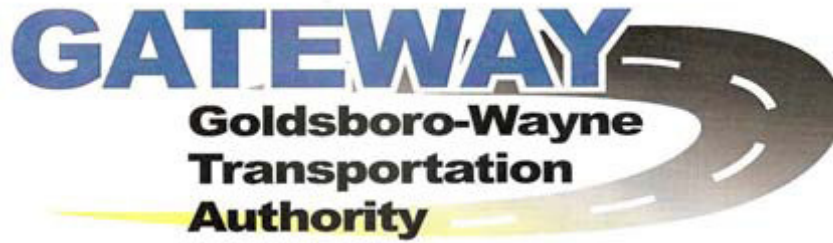
CERTIFICATIONS NEEDED FOR REDUCED BUS FARE CARD

Passenger who is a senior citizen:

- 1. 60 years old or older**
- 2. Valid ID**

Passenger with a disability:

- 1. Medicare/Medicaid card**
- 2. Award letter**
- 3. Valid ID**



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REDUCED BUS FARE APPLICATION

DATE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY # _____ - _____ - _____

MEDICARE/MEDICAIDE # _____

THIS APPLICATION IS FOR ONE OF THE FOLLOWING REASONS:

_____ SENIOR CITIZEN _____ DISABLED WITH
MEDICARE/MEDICAIDE

IF THE PERSON IS DISABLED, PLEASE STATE THEIR DISABILITY:

GWTA OFFICE USE ONLY

DATE RECEIVED: _____ CARD NUMBER ISSUED: _____

DATE CARE ISSUED: _____ AGENCY: _____

Authorized by: _____