



# APPLICATION FOR REDUCED FARE

300 West Lohman Avenue  
P. O. Box 20000  
Las Cruces, New Mexico 88004

Telephone: (575) 541- 2500  
Fax: (575) 541- 2733

**RoadRUNNER** offers half fare to persons with disabilities, Medicare recipients, and senior citizens age 60 and older. Half fare is available on **RoadRUNNER**'s fixed-route service. Persons with disabilities must have a valid I.D. card issued by **RoadRUNNER** or other public transportation system.

The information obtained in this application will only be used to determine your eligibility for **RoadRUNNER**'s Reduced Fare Program. Please complete the following:

Name of Applicant \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

The person named below is familiar with my condition or disability and is authorized to provide information required to verify my disability status:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SENIOR CITIZENS: Proof of age (60 years or older) or Medicare Card required.**

## CERTIFICATION

I, \_\_\_\_\_, certify that according to my (check those that apply):

Personal examination  Office records  School records  Agency records  Other: \_\_\_\_\_

the applicant \_\_\_\_\_ does have a disability qualifies for the reduced bus fare.  
(Name of Applicant)

The disability is: \_\_\_\_ permanent, \_\_\_\_ temporary (estimated duration: \_\_\_\_ months).

Signature \_\_\_\_\_

Agency \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_