



Application for Half Fare Identification Number

If one of these applies, you are eligible for a Half Fare status:

You are 62 years of age or older.

You have a Medicare Card.

You have a disability that requires personalized assistance, attention or accommodation to ride the fixed route.

General Contact Information:

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Date of Birth: _____

E-Mail: _____

In applying for a Half Fare Card, I agree to release information requested for the purposes of establishing my eligibility and allow East West Express to request confirmation from an authorizing agency.

I understand that my Half Fare status will entitle me to use the fixed route at half the cost of the regular fare during non-peak hours. I understand that allowing another person to use my information to secure Half Fare transportation is fraudulent and that my Half Fare status can be revoked for misuse.

I hereby certify that all the statements made in this application are true representations of my eligibility to participate in the Half Fare Program.

Signature (required by all applicants) Date

To verify eligibility for a Half Fare Card you must present photo identification with:

- One of the following Proofs of Eligibility which provides verification that shows you are eligible for or receive services under one of the following:
 - Identification card showing age 62 or older
 - Medicare Card
 - Disabled (requires doctor verification)

I hereby certify, under penalty of perjury, that this application is true and correct to the best of my knowledge and that I am currently certified/licensed as indicated.

Signature _____ Date _____

STAFF USE ONLY

Fax to 603-893-8713 or scan and e-mail to <mailto:info@flightlineinc.com>

Verified by: _____

Approved / Denied _____

East West ID _____

Date _____