

REQUEST FOR MARTA REDUCED FARE / PARATRANSIT BREEZE CARD (WALK-IN)

This form is for Senior Citizens, Medicare Cardholders, Customers with Valid Proof of Disability & ALL Replacement Cards

For Official MARTA Use Only

Reduced Fare <input type="checkbox"/> Paratransit <input type="checkbox"/> Customer signature acknowledges receipt of System Orientation and Mobility Customer Guide (Mobility Customer Only) x _____	Issuer: _____ Initial Application <input type="checkbox"/> Re-Certification Application <input type="checkbox"/> Date: _____ Location: _____ Type: SC CP MC PP MP Breeze Card Number _____
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Last Name	First Name	MI
_____	_____	_____

Street Number	Name of Street	Apt. Number
_____	_____	_____

City	State	Zip Code
_____	_____	_____ - _____

Date of Birth	SSN last 5 digits	Please Check <input type="checkbox"/> Mobile <input type="checkbox"/> Home or <input type="checkbox"/> Other
Month _____ Day _____ Year _____	_____	Area Code (_____) Phone Number _____ - _____

Email Address

BREEZE CARD AFFIDAVIT
I agree to the following conditions regarding use of Reduced Fare and Paratransit Breeze Cards:

1. **NOT TRANSFERABLE:** This card is not transferable and if presented by any person other than whom it is issued, MARTA will confiscate the card. If a card has been confiscated due to usage by any unauthorized party, MARTA has the right not to issue a replacement card.
2. **PROPERTY OF MARTA:** This Reduced Fare/Paratransit Breeze card is the property of MARTA, and **MUST** be presented upon use when boarding a MARTA bus or entering a MARTA rail station. Also please be advised that this card must be surrendered upon request by a MARTA official.
3. **APPLICABILITY OF REDUCED FARE:** The elderly/disabled/Medicare reduced fare is applicable to all regular fixed route services, except E-Bus and Paratransit Services.
4. **APPLICABILITY OF PARATRANSIT:** The Paratransit Breeze card is for use on all MARTA Mobility vehicles and allows access to MARTA fixed route services according to MARTA fare policy.
5. **LOST OR STOLEN CARDS:** Reduced Fare and Paratransit Breeze cards are issued free. However, a replacement fee will be charged for each lost or stolen card. MARTA reserves the right to limit the number of replacements.
6. **DEFACED / DAMAGED CARDS:** Photos that are faded, numbers missing or scratched off will be considered invalid and subject to confiscation. Cards **MUST** be turned in immediately for a replacement at no cost . It is your responsibility to maintain the Breeze Card in good, useable condition.

I, the undersigned, understand that if any statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Card and be subject to criminal prosecution in accordance with Georgia State Law for fraud (O.C.G.A. 16-10-20)

 Signature of Applicant: _____ Date: _____
 (Signature of Parent or Guardian, if the applicant is a minor - 17 yrs old and under)

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Driver's License/State ID	Passport	Birth Certificate	Medicare #	DD 214 Form
Specify Other:		Comments:		
Disability Apparent _____ Describe _____		Paratransit: Certification Expiration Date _____		