



# VETERANS FARE CARD APPLICATION

## Application Information *(To be completed by applicant – print only)*

|                      |  |                             |          |                |        |
|----------------------|--|-----------------------------|----------|----------------|--------|
| Last Name            |  | First Name                  |          | Middle Initial | Suffix |
| Street Address/Apt # |  | Driver's License #/State ID | Phone #  |                |        |
| City                 |  | State                       | Zip Code |                |        |
| Date of Birth        |  | Email Address               |          |                |        |

Valid government-issued photo ID is required to apply for the Qualified METRO Veterans Pass (MVP):

- Driver's License
- State ID
- U.S. Military ID
- U.S. Passport
- U.S. Veteran ID

## Proof of Eligibility *(To be completed by a U.S. Department of Veterans Affairs Regional Office representative.)*

### DISABLED VETERANS

The records of this agency reflect the following service-connected disability rating for the above-named applicant:

- 50 percent or more
- 40 percent or more due to the amputation of a lower extremity
- No record
- Comments

### MEDAL RECIPIENTS

Applicant received one of the following Medals of Valor from the United States military:

- Air Force Cross
- Congressional Medal of Honor
- Distinguished Service Cross
- Navy Cross
- Purple Heart

## VA Administration Use

Agency \_\_\_\_\_

Address \_\_\_\_\_

Name/Title of Certifying Officer \_\_\_\_\_

Certifying Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

I successfully meet the eligibility requirements within this form, and have answered all questions to the best of my ability.

Signature of Applicant

Date