Belding Dial-A-Ride

Pere Marquette Depot

100 Depot St.

Belding, Michigan 48809

CERTIFICATE OF ELEGIBILITY FOR

ADA PARATRANSIT SERVICE

"Disability" shall mean a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

(Please Print)

NAME: _____

ADDRESS: _____

(Street) (City) (State)

I hereby make application for a "Disability" Certificate of identification as provided for in Public Act 300 P.A. 1949, as amended and certify that the above statements are true.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PHYSICAN STATEMENT

I certify that I have examined the above named applicant and they meet the definition of disability as defined by the State of Michigan Act 51, as amended and Federal States 49CFR, part 27.

SIGNATURE OF PHYSICAN: _____ **DATE:** _____