EASY CARD CENTER
DISCOUNT FARE ID APPLICATION

The upper part of the application must be completed by the Applicant. Assistance in completing the upper part of the application will be provided at the time the application is submitted to the Transit Service Center, if needed.

Last Name: _____ First Name: _____ ☐ Male ☐ Female

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Telephone: _____ Date of Birth: _____
MM/DD/YYYY

Mailing Address *(If different from the above address)*

Address: _____ City: _____ State: _____ Zip Code: _____

The lower part of the application must be completed and signed by a Florida-licensed physician certifying disability including the medical code.

Please, describe the permanent medical disability that qualifies applicant for the Discount Fare EASY Card.

Medical Code #: _____

_____

_____

_____

_____

Physician Stamp

Signature: _____

If no stamp, attach signed physician letter including license number. Medical Code must be included for verification of eligibility

OFFICIAL USE ONLY

☐ New ☐ Renewal Processed by: _____ Date: _____ EASY Card #: _____
MM/DD/YYYY

Miami-Dade Transit Golden Passport Office located on the first floor of the Government Center Metrorail station, at 111 NW 1st Street Miami, FL 33128
Golden Passport Hotline: 786-469-5028. For Transit Information call 3-1-1 or 305-468-5900. TDD service 305-468-5402.
www.miamidade.gov/transit/fares_golden.asp