GREATER ATTLEBORO-TAUNTON REGIONAL TRANSIT AUTHORITY

APPLICATION FOR STATEWIDE ACCESS PASS

PLEASE COMPLETE the following Application if you are:

1. **A MEDICARE Card Holder;**
2. **Currently receive disability payments from SOCIAL SECURITY; or**
3. **A VETERAN with a disability rating of 70% or greater.**

ATTACH A COPY TO THIS APPLICATION OF:

Your **MEDICARE Card** or letter from either **SOCIAL SECURITY** or **VETERANS ADMINISTRATION** which specifies your disability**.**

NAME: _____

(Last) **(First)**

ADDRESS: _____

CITY OR TOWN: _____ **ZIP CODE:** _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SIGNATURE _____ **DATE:** _____

PLEASE SEND COMPLETED APPLICATION TO:
GATRA
10 Oak Street
Taunton, MA 02780
Attention: Kim Catania

You will be notified by mail when your eligibility for a Statewide Access Pass is approved and when you may come in to have your picture taken for this Pass. **THIS CARD IS TO OBTAIN HALF FARE ON ALL GATRA FIXED ROUTE BUSES AND ALL OTHER PUBLIC TRANSPORTATION IN MASSACHUSETTS.** The cost of this card is $3.00 payable when you come in for your picture. **(DO NOT SEND MONEY WITH APPLICATION)**

Si desea que esta traducido al Español, llame a 508-823-8828.
Se você preferir esto traduzido em Português, ligue 508-823-8828.

FOR GATRA OFFICE USE ONLY

PICTURE TAKEN: _____ GATRA ACCESS PASS ISSUED: _____

EXPIRATION DATE: _____

MBTA CHARLIE CARD NO.: _____