



**Application For:
REDUCED FARE PROGRAM
(Fixed Route)**

SHORT FORM

Use this form if you are age 65 or older or have a Medicare Card.

If you have a disability and do not have a Medicare Card or are not age 65, you must complete the Full Form Reduced Fare Application. Do not use this form.

Any applications received that are not complete will be returned to the applicant.

Once your application has been received and all information verified, you will be notified of your approval or denial. You will be required to come in to one of our offices and have a photo taken. Please bring another photo ID with you to verify your identity. Photos can be taken at the following locations:

Monday through Friday
8:00 am – 4:30 pm

Delaware Transit Corporation
900 Public Safety Blvd
Dover, DE

Delaware Transit Corporation
119 Lower Beech St
Wilmington, DE

Arrangements are also available at other sites upon request by appointment.

FOR QUESTIONS CALL:

**DART First State
Eligibility Section
1-800-652-3278, Option 3**

MAIL OR Email APPLICATION TO:

DART First State
Eligibility Section
900 Public Safety Blvd
Dover, DE 19901
EMAIL:
DOT_Eligibility_Faxes@Delaware.gov



Application For:
REDUCED FARE PROGRAM
(Fixed Route)

SHORT FORM

Use this form if you are 65 or older or have a Medicare Card

Medicare Card - Complete this page. Submit with copy of your Medicare Card.
Age 65 and Older - Complete this page. Submit with ONE copy of proof of age.

All information must be provided in order to process your application

Name (Last) (First) (M.I.)

Address (Street) (Apt.)

(Name of Development/Apartment Complex, etc)

(City) (County) (State) (Zip)

Sex: () Male () Female (Optional) Date of Birth (Optional)

Phone Number (where you can be reached Mon-Fri 8:00 am - 4:30 pm)

Signature Date

If you have any questions, please call:
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For office use only: [] Approved [] Denied By Date
Trapeze ID Picture on File [] Yes [] No
Notification Mailed Date: By Date