



PO BOX 1501 BIG BEAR LAKE, CA 92315
909-963-7202

(Please Print or Type)

DISABILITY ID CARD APPLICATION

Date: _____

Name:

Last _____ First _____ MI _____

Street Address: _____

City / Town: _____ Zip: _____

Telephone Number: () _____

Mailing Address: _____

INSTRUCTIONS

1. Include with this APPLICATION a copy of any one (1) of the following forms of IDENTIFICATION:

- ☞ DMV DISABLED IDENTIFICATION CARD.
- ☞ SOCIAL SECURITY DISABILITY INSURANCE AWARD LETTER OR STATEMENT.
- ☞ SUPPLEMENTAL SECURITY INCOME (SSI) AWARD LETTER OR STATEMENT.
- ☞ VETERANS ADMINISTRATION CERTIFICATION FOR 40 PERCENT OR MORE DISABILITY.
- ☞ SENIOR, 60 OR OVER? SHOW PROOF UPON BOARDING BUS - NO OTHER ID IS NECESSARY.

2. If you require an attendant to accompany you when using Mountain Transit service, please complete the following:

Attendants Name: _____

Street Address: _____

City / Town: _____ Zip: _____

Telephone Number: () _____

3. Please note that due to COVID-19 our offices are not open to the public. Call for an appointment. You may wait outside office while application is processed. At 41939 Fox Farm Road, Big Bear Lake CA 92315.

OR

Please provide your application in one of the following ways:

EMAIL

Please send completed application with copies of IDENTIFICATION documents:
kwentworth@mountaintransit.org

MAIL

Please send completed application with copies of IDENTIFICATION documents to:
Mountain Transit Attn: Karen Wentworth
PO Box 1501
Big Bear Lake, CA 92315

FOR MOUNTAIN TRANSIT USE ONLY

Date application received: _____ Date application approved: _____

BY: _____ BY: _____
Signature Signature