



**For information call:  
595-3228, Extension 10**

# Escambia County Area Transit Disability Identification Card Request Form

**Instructions:**

1. Complete all sections of this form.
2. Return this completed form in person or by mail to:  
ECAT Administrative Office  
1515 West Fairfield Drive  
Pensacola, Florida 32501  
or Fax to: 850-595-3222

*All information must be completed in order for ECAT to confirm your disability status. After receipt of this completed form, ECAT will send a letter to your physician to determine your eligibility for reduced bus fare, passes, and tickets. After your physician has verified your disability and returned the certification to ECAT, we will notify you by phone or mail. At this time, you may return to the ECAT Administrative Office to purchase your \$2.75 Disabled Citizen Reduced Fare ID Card.*

---

Date \_\_\_\_\_

**Personal Information:** *Please provide information about yourself.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Physician Information:** *Please provide information about your physician.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

**Allow at least two weeks for processing by your physician.**