



**Greenville Transit**  
215 E Fairplains  
Greenville, MI 48838

**CERTIFICATE OF ELIGIBILITY FOR DISCOUNTED SERVICE**

**“Disability shall mean a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.**

**(Please print or type)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**(Number/Street) (City) (State)**

**PHONE:** ( ) \_\_\_\_\_

I hereby make application for a “Disability” Certificate of identification as provided for in Public Act 300 P.A. 1949, as amended and certify that the above statements are true.

*Signature of applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

**PHYSICIAN STATEMENT**

I certify that I have examined the above named applicant and they meet the definition of disability as defined by State of Michigan Act 51, as amended and Federal States 49CFR, part 27.

*Signature of Physician* \_\_\_\_\_ *Date* \_\_\_\_\_

*Physician Address* \_\_\_\_\_ *Physician #* \_\_\_\_\_

**Physician Signature Verification REQUIRED**  
**(office stamp or other authentication)**