

The Para Transit service is funded by the City of Fredericton and operated by the Transit Division of the City of Fredericton. Please print clearly.

1. Name: _____
Surname _____ First Name _____

Address: _____
Street _____ Apartment # _____

_____ City _____ Postal Code _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

2. What is the nature of your disability? How does your disability/mobility prevent you from using the regular fixed route transit service?

Is your disability: Temporary? _____ Permanent? _____

If temporary, approximately how long is it anticipated to last? _____

Do you use any of the following aids/devices: wheelchair (manual/power), cane, crutches, walker, scooter, oxygen, service animal or other? Yes _____ No _____

If yes, please specify the type of aid used. _____

Can you transfer to and from a vehicle comfortably? Yes _____ No _____

Do you require an attendant to travel with you? Yes _____ No _____

3. Please provide us with the name, address and telephone number of a health professional/social service agency or medical/paramedical person who will support your request for Para Transit.

Name: _____

Address: _____

Telephone: _____

4. I hereby authorize Fredericton Transit to determine my eligibility for Para Transit and, if deemed necessary, to consult with the person whose name I have given as a reference and/or to request further information. I further authorize the release of this information to the Manager of the Transit Division of the City of Fredericton, to be used solely to determine my eligibility for the Para Transit service.

Signature: _____ Date: _____

5. Contact Person (name and telephone number of a person to contact in the event of an emergency):

Name: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

****Please notify Fredericton Transit if the contact person changes.****

Please return this form (via mail or email) to:

City of Fredericton
Transit Division
470 St. Mary's Street
Fredericton, New Brunswick
E3A 8H5
Telephone: 460-2212
Email: transit@fredericton.ca

Office Use Only

Approved? Yes _____ No _____

Date Approved: _____ Approved By: _____

Comments: _____

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