



For More Information

Write to us at:  
Pee Dee Regional Transportation Authority  
Post Office Box 2071  
Florence, SC 20503

Call PDRTA  
(843) 629-2060  
TDD- (843) 664-5715

Visit our web site:  
[www.pdrta.org](http://www.pdrta.org)



**APPLICATION FOR  
ADA  
COMPLEMENTARY  
PARATRANSIT**

**How to use this application form.....**

Please check one of the following:

Original  Replacement

1. Complete Section 1 of this form.
2. Have a physician complete Section 2 of this form.
3. Mail your application to:  
 PDRTA  
 Post Office Box 2071  
 Florence, SC 29503

**Section 1—Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Under penalty of applicable law, I declare that the information provided is true and correct:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PDRTA's USE ONLY**

Date Rec'd: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Card Mailed: \_\_\_\_\_

**Section 2—Physician's Statement**

**Special Note:**

This portion of the application must be completed by a Doctor of Medicine or Physician and must indicate the type of supporting device used by the applicant, if any.

This is to certify that \_\_\_\_\_  
Name of Applicant

has a physical disability of \_\_\_\_\_  
Type of Disability

and is required to use the following or has a walking impairment as indicated:  wheelchair/scooter  braces  
 walker/cane  crutches  service animal  
 portable respirator  impairment in mobility

A Personal Care Attendant is necessary during transit:  
 Yes  No

This disability is  Permanent  Temporary

In temporary, state the length of time: \_\_\_\_\_

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

Print Name of Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone # \_\_\_\_\_