

**Belding Dial-A-Ride  
Pere Marquette Depot  
100 Depot St.  
Belding, Michigan 48809**

**CERTIFICATE OF ELEGIBILITY FOR  
ADA PARATRANSIT 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 impairment.

**(Please Print)**

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

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

(Street)

(City)

(State)

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

**PHYSICAN STATEMENT**

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

**SIGNATURE OF PHYSICAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_