



**Transportation Disadvantaged (TD) Program Trip Verification Form**  
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You will need to complete this form when you first apply for a Transportation Disadvantaged (TD) bus pass, and during annual recertification. In both cases, return this form with your application to PSTA. The fax number and address for PSTA are at the end of this form.

You also need to complete this form every month in which you believe you will qualify for a 31-Day TD pass in the following month, by working 30 hours or more per week, OR by having at least 10 verifiable medical trips. PSTA must receive this form by the 15th of the prior month (by January 15 for a February bus pass). For your convenience, you can drop-off this form when you purchase your bus pass at the PSTA Customer Service Center at Williams Park, Grand Central Station, or Park Street Terminal. **PAGE 2 MUST BE COMPLETED TO QUALIFY FOR A 31-DAY TD BUS PASS.**

If you are applying for a 10-Day bus pass, you do not need to submit this form each month.

Once approved, bring \$5.00 cash for a 10-Day bus pass, or \$8.25 cash for a 31-Day bus pass, along with a valid, government-issued photo ID to the PSTA Customer Service Centers listed above between the 1st – 15th of the month. You can get a blank copy of this form there as well.

Call PSTA's InfoLine at (727) 540-1900 to find out which bus pass you are approved to receive.

**Client's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**How many times during a typical month will you use your pass?** \_\_\_\_\_

**How many times do you expect to use your bus pass for the following types of trips?**

**Medical related** (list ALL on page 2; add pages as needed): \_\_\_\_\_

This includes dentist/medical appointments, pharmacy, mental health clinics, and NA support groups.

**Grocery stores:** \_\_\_\_\_

**Government/Social services offices, bank, utility:** \_\_\_\_\_

**Employment** (list employer information for verification on page 2): \_\_\_\_\_

**Job-related Education:** \_\_\_\_\_

**PAGE 2 MUST BE COMPLETED TO QUALIFY FOR A 31-DAY TD BUS PASS.**

**Bring this completed form to a Customer Service Center, mail or fax by the 15<sup>th</sup> to:**

Pinellas Suncoast Transit Authority  
Attention: TD Program Office  
3201 Scherer Drive  
Saint Petersburg, FL 33716  
Phone: 727-540-1900  
Fax: 727-540-1923



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Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Medical Trip info: You must provide complete information for all medical trips. Write trip info on additional pages if needed. Include support groups.**

Office Name 1: \_\_\_\_\_

Office Name 2: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

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

Dates or # times: \_\_\_\_\_

Dates or # times/mo.: \_\_\_\_\_

Office Name 3: \_\_\_\_\_

Office Name 4: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

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

Dates or # times: \_\_\_\_\_

Dates or # times/mo.: \_\_\_\_\_

**Work info:**

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

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

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

Days Worked: \_\_\_\_\_ **per week**                      **Hourly Wage:** \_\_\_\_\_

Daily Hours: \_\_\_\_\_                      **Hours/Week:** \_\_\_\_\_

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