

ORANGE PUBLIC TRANSPORTATION

PO BOX 8181, 600 NC HWY 86N
HILLSBOROUGH, NC 27278
919-245-2006 OR 919-245-2008
919-732-2137 FAX

Dear sir or madam,

Thank you for your interest in Orange Public Transportation. Please complete the enclosed application and return it in the envelope provided. When your information is received we will process your application. This could take up to two to three weeks.

Please note that your medical provider may need to complete a portion of your application.

In order to access your home please make sure your driveway is free of any obstructions that may prevent the bus from picking you up.

Also your mobility equipment must be in proper working order including foot rests.

Please feel free to contact us with any questions.

919-245-2006
919-245-2008

Thank you for your cooperation.

Pw/JC/2013

ORANGE PUBLIC TRANSPORTATION
Physician Certification Form

Date: _____

Applicant Last Name	First	Middle Initial
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Does client require special assistance such as aid, vehicle lift etc.)

Mobility device: _____ Y _____ N

Term of Disability

_____ Short term disability how long? _____

_____ Permanent Disability

Physician's Certification

Certifying Facility Name	Address
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City	State	Zip	Telephone
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Certifying Physician Name (print)	Physician Signature
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Date: _____

Return Form to:
ORANGE PUBLIC TRANSPORTATION
600 Highway 86 North
Hillsborough, N.C, 27278
919-245-2008
FAX: 919-732-2137