



REGISTRATION FOR BURBANKBUS TRANSIT DISABILITY CERTIFICATION

Instructions: To use the City of Burbank's Senior and Disabled Transit Services, please have your doctor complete and submit this form before requesting rides. Other disability certification forms provided from your doctor are acceptable.

Date: _____
Passenger Name: _____
Address: _____
Phone: _____

THE PERSON LISTED ABOVE HAS BEEN A PATIENT SINCE:
DOES THIS PERSON CURRENTLY HAVE A DISABILITY? YES OR NO

REQUIRES USE OF WHEELCHAIR? YES NO

THIS PERSON QUALIFIES, BY NATURE OF HIS/HER DISABILITY, TO UTILIZE THE
TRANSPORTATION SERVICES AVAILABLE TO DISABLED BURBANK RESIDENTS.

Doctor Signature: _____
Doctor Name: _____
Address: _____
Phone: _____

This form must be completed by your doctor and returned to:

BurbankBus - Senior & Disabled Transit Services
PO Box 6459, Burbank, CA 91510
phone: (818) 238-5360
fax: (818) 238-5351
contact@burbankbus.org (best option)