



APPLICATION FOR RMTD VETERANS PHOTO ID

Name: _____
 First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Branch of Service: _____

Demonstrated Proof of Service: _____

“I certify that the above information is correct. In the event that I discontinue using the Veterans Photo ID, I will return the ID to Rockford Mass Transit District. I will not loan my card to anyone. I understand that it is non-transferable. I understand that if I do so or violate any of the District’s rules and/or policies, my card can be revoked.”

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

VERIFIED: _____ *FEE:* _____