



**DALLAS AREA RAPID TRANSIT  
ADA PARATRANSIT ELIGIBILITY  
CERTIFICATION APPLICATION**

**Office Use Only**

DART ID: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Status: \_\_\_\_\_

Format: \_\_\_\_\_

New  Recert

**Please mail or email completed application to:**

**Paratransit Services**

**P.O Box 660163**

**Dallas, TX 75266-7271**

**(214) 515-7272**

**paracert@dart.org**

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. DART's Paratransit Services is a curb-to-curb public transportation service for individuals with disabilities who are prevented from using DART's fixed-route transportation services. DART's fixed-route services include bus, light and commuter rail transit. DART rail/bus services are fully accessible to individuals with disabilities. DART's Paratransit Services and fixed-route services are only available in the following cities:

Addison

Garland

Richardson

Carrollton

Glenn Heights

Rowlett

Cockrell Hill

Highland Park

University Park

Dallas

Irving

DFW International Airport

Farmers Branch

Plano

- You must complete the entire form and answer every question.
- Incomplete forms cannot be processed and will be returned.
- A physician must verify your disability and date of occurrence.
- Only use forms provided in this application form.
- The information you provide is confidential and it will not be provided to any other person or agency, except as provided by the Texas Public Information Act.

**PART I – General Information to be completed by applicant**  
(Please print or type)

**Last Name**

**First Name**

**Mid. Initial**

**Male / Female**

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**Date of Birth**

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**Street Address**

**Building/Apt #**

**Apartment Name/Gate code**

**City or Town**

**State**

**Zip**

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**Home phone**

**Work phone**

**Cell phone**

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If you have a Paratransit I.D. Card please provide I.D. number \_\_\_\_\_

**In case of emergency notify:**

**Name**

**Relationship**

**Home phone**

**Work or Cell phone**

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**Address**

**City**

**State**

**Zip**

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**PART II – Information on disability and mobility equipment**

How does your disability prevent you from using DART's bus or rail services?

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Do you use any of the following? (Check all that apply)

Manual Wheelchair

Walker

Service Animal

Powered Wheelchair

Cane

Portable Oxygen

Powered Scooter

Braces

Crutches

Prosthesis

Rolling Walker W/Seat

Rolling Walker

White Cane

Other \_\_\_\_\_

**What mobility device will you be using when traveling outside the home?**

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**Part III – Questions on using bus or rail services**

1. Are you currently using DART’s bus or rail services?

Yes\_\_\_ No\_\_\_

If Yes, list routes

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I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DART to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of DART’s Paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of DART’s Paratransit eligibility.

**Applicant’s Signature**

**Date**

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**If completed by someone other than applicant:**

**Name**

**Relationship**

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**Signature**

**Date**

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