

ELIGIBILITY SECTION

This must be completed and signed by any of the following health care professionals licensed to practice in any state: a physician, an advanced practice nurse, a chiropractor; a certified physician assistant, a Christian Science Practitioner residing in Wisconsin, or by an authorized VA representative. This statement is for issuance of a Disabled Taxi Rider ID card and is not to be considered as a claim for VA benefits.

Please check appropriate boxes.

- ☐ Temporary Disability until _____
(Give specific date of expiration.)
Temporary ID cards are issued for a **MAXIMUM of 6 MONTHS**
- ☐ Permanent Disability

Please Print Clearly

Name of Person Certifying Eligibility
Address
City, State, Zip Code
Medical License Number
Area Code and Office Telephone Number

Eligibility Statement

I certify that the applicant is disabled according to the conditions specified on this form. I have indicated above whether this is a temporary or permanent disability.

(Authorized Signature of Health Care Specialist) (Date)

UNAUTHORIZED ID CARD USE

Any person who lends the Disabled Taxi Rider ID Card to someone, who is not authorized to use it, may be fined. In addition, the City of Watertown may cancel the Disabled Taxi Rider ID Card of any person who improperly uses it.

RELEASE OF NONEXEMPT INFORMATION

The City of Watertown uses the information on this form to issue Disabled Taxi Rider ID Cards. Under open records laws, the City must make nonexempt information available upon request.



City of Watertown Disabled Taxi Rider Identification Card Application for Individuals

Are you eligible?

Any person certified by an authorized health care specialist as having a temporary or permanent disability is eligible for the Disabled Taxi Rider Identification Card. By definition, this includes any person who:

- Cannot walk 200 feet or more without stopping to rest;
- Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
- Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60mm/hg on room air at rest;
- Uses portable oxygen;
- Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
- Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
- Has an equal degree of disability to those described above.

CITY OF WATERTOWN

4 Year – Permanent Taxi Rider ID

No. **265**

Name _____

Date Issued _____

Date Expires _____

Issuer Signature _____

This card authorizes the person whose name appears on the reverse side to a discount on taxi fares until the expiration date listed. Usage by any other person is considered fraud and subject to citation.

CITY OF WATERTOWN

Temporary Taxi Rider ID

No. **141**

Name _____

Date Issued _____

Date Expires _____

Issuer Signature _____

This card authorizes the person whose name appears on the reverse side to a discount on taxi fares until the expiration date listed. Usage by any other person is considered fraud and subject to citation.