

VETERANS REDUCED FARE PROGRAM

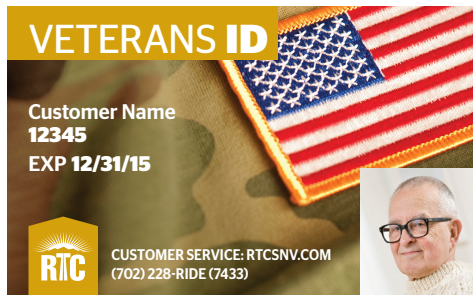
OVERVIEW

In response to the overwhelming number of veterans in Southern Nevada, the Regional Transportation Commission of Southern Nevada (RTC) launched a Veterans Reduced Fare Program to meet the public transit needs of our veterans.

VETERANS REDUCED FARE PROGRAM DETAILS

WHO: All eligible local US Armed Forces veterans (local veterans residing in Clark County)

WHAT: Veterans Reduced Fare Program (50% off full-fare pricing structure)



	SINGLE RIDE	2-HOUR	24-HOUR	15-DAY	30-DAY
Full Fare	\$2	\$3	\$5	\$34	\$65
Reduced Fare	\$1	\$1.50	\$2.50	\$17	\$32.50

HOW: Upon providing proof of eligibility, local veterans will be issued a RTC Veterans ID card that will allow them to purchase reduced fare on all fixed route fare types. The Veterans ID card can be issued at the RTC Bonneville Transit Center (BTC) and can be shown when purchasing reduced fare transit passes and swiped through the farebox when boarding.

VETERANS REDUCED FARE PROGRAM - PROOF OF ELIGIBILITY CRITERIA:

Veterans ID Card from the Veterans Administration (VA)

OR

DC Papers (DD214)

OR

Military Retiree ID Card (if applicable)

AND

Valid Nevada ID

See reverse for samples

VETERANS REDUCED FARE PROGRAM - PROOF OF ELIGIBILITY CRITERIA

Samples



Veterans ID Card from the Veterans Administration (VA)

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY					
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM DATE Year: Month: Day:		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE Amount: \$		<input type="checkbox"/> None	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE a. Date Entered AD This Period b. Separation Date This Period c. Net Active Service This Period d. Total Prior Active Service e. Total Prior Inactive Service f. Foreign Service g. Sea Service h. Effective Date of Pay Grade			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		16. DAYS ACCRUED LEAVE PAID	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
18. REMARKS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)		
20. MEMBER REQUESTS COPY 4 BE SENT TO		21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)	
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4	
DD Form 214, NOV 88 Previous editions are obsolete					

DC Papers (DD214)



Military Retiree ID Card (if applicable)



Valid Nevada ID