

# Potomac and Rappahannock Transportation Commission

14700 Potomac Mills Road, Woodbridge, VA 22192-6811

(703) 730-OMNI (6664)

## OmniLink/OmniRide Priority Seating Permit Application

In order to qualify for a Priority Seating permit you must have a doctor's certification of a permanent/temporary disability. Please complete the following application. If you have any difficulty completing this form, please call the Customer Service Department at (703) 730-OMNI (6664) Monday through Friday from 5:30 a.m. to 8:30 p.m.

**PART I to be completed by applicant.**

**PART II, on the reverse, to be completed and signed by a medical certifier.**

Mail completed application to:

PRTC

Attn: Priority Seating Permit

14700 Potomac Mills Road

Woodbridge, VA 22192-6811

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Check all that apply:**

Wheelchair     Walker     Guide Dog     Companion

Other, please explain: \_\_\_\_\_

Please read the following statement carefully. If you agree, please sign and return the completed application to the above address.

I certify that the information provided herein is true and accurate to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any information will lead to the possible revocation of my certification.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

By: \_\_\_\_\_

(On behalf of the applicant who is unable to sign.)

\_\_\_\_\_  
Please state relationship.

**Part II to be completed by a physician or any one of the following state or nationally certified professionals: Physical Therapist, Occupational Therapist, Rehabilitation Counselor, Registered Nurse, or Social Worker.**

**Eligibility Criteria: Please circle the eligibility criterion that pertains to the applicant.**

- A. Is required to use a wheelchair.
- B. Has an impairment that prohibits standing alone for ten (10) minutes or more and requires the use of a crutch, cane, brace, walker, or other assistance.
- C. Has an impairment that prohibits holding coins, tokens, or dollar bills or grasping stanchions or hand rails.
- D. Cannot climb a flight of three (3) steps with an eight (8) inch rise, and also cannot walk one hundred yards on a level surface of grade without pause.
- E. Is legally blind and unable to use mass transit. The definition of legal blindness is “central visual acuity of 20/200 or less in both eyes with best correction or visual field restriction of 20 degrees or less.”
- F. Has a diagnosis of mental retardation or development disability, head injury, or Alzheimer’s Disease of related disorders, and has a cognitive impairment (inability to follow verbal, written, or pictorial directors) which causes disorientation or confusion while using mass transit, or demonstrates problematic stimulation such as crowds and noise.
- G. Pregnancy that prohibits standing in a moving vehicle for ten (10) minutes or more.

Is the disability permanent? \_\_\_\_\_ Is the disability temporary? \_\_\_\_\_  
If temporary, for how long (in months)? \_\_\_\_\_

**Do any of the following pertain to the applicant?**

	Yes	No
1. Has a medical condition that prevents him/her from using a seat belt.	_____	_____
2. Must travel with an escort or companion. (If “Yes”, applicant will be required to travel with an escort at all times.)	_____	_____
3. Requires the assistance of a guide dog, hearing dog, or service dog in order to travel.	_____	_____

**This information reflects my professional judgment that the applicant is eligible according to the criteria established here.**

Certifier’s Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Registry/State Certification Number: \_\_\_\_\_  
Certifier’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Authorized by: \_\_\_\_\_ Permit Number \_\_\_\_\_  
Date \_\_\_\_\_