

Section C – Ophthalmologist / Optometrist Certification:

Ophthalmologist / Optometrist Name
Professional Qualifications
Business Address
Business Phone / Fax Number/s

• I certify that I have examined the applicant as per my findings noted in section B of this application.

Ophthalmologist / Optometrist Signature	Date Signed (dd / mm / yyyy)										
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Section D – Applicant Photograph & Disclosure:

**Please
Affix
Photo
Here**

Please paste a current colour passport size photo in the adjacent box. Ensure you print your name and sign the back of the photo before attaching to this form. This photo will be shown on your Travel Pass for Identification and Security purposes.

CERTIFICATION & AUTHORITY TO OTHER AGENCIES (STATE OR COMMONWEALTH) TO VERIFY INFORMATION SUPPLIED IN APPLICATION FOR A CONCESSION CARD

I(print full name) certify that the information supplied in this Application for a Concession Card for *me / * (the person in my care) is, to the best of my knowledge and belief, true and correct and that the photograph attached to this application is a true recent photograph of *me /* the person in my care.

*I / I, on behalf of the person in my care, hereby consent to the retention of this document and the use of the information supplied in the Application for a Concession Card for purposes related to the issue, use and administration of this concession entitlement.

*I / I, on behalf of the person in my care, hereby acknowledge that penalties may be imposed upon me for providing false or misleading information.

*I certify that my relationship to the person in my care and on behalf of whom the Application is made is:.....
*(Parent, Guardian, Attorney etc)

Applicant Signature _____	Witness Signature _____
Date _____	Print Name _____
	Address of Witness _____

RailCorp use of the information will only display the name of holder and expiry date of card and display the affixed photo on the VIP travelpass.

RailCorp Office Use Only:

Pass Approved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If No, comments:		
Attendant Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Interim Pass Issued	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Interim Pass Number (if applicable)		

Authorising Officer Signature	Date Approved / Declined
	/ /

Send completed forms by one of the following methods

<u>In Person</u> Passes & Concessions Office 490 Pitt Street Sydney NSW 2000	<u>By Mail</u> RailCorp Passes & Concessions PO BOX K349 Haymarket NSW 1238
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☛ Telephone Enquiries: Toll Free 1300 302 130 or (02) 9379 4441
☛ Hours of Business: Monday to Friday between 8:30am and 4:00pm
☛ Email: passes&concessions@railcorp.nsw.gov.au