

**CERTIFICATION OF DISABILITY**

1 x 1  
ID  
Picture

**FOR ISSUANCE OF  
TRANSPORTATION DISCOUNTED FARE  
IDENTIFICATION CARD**

This is to certify that Mr./Ms.: \_\_\_\_\_  
Complete name of Person with Disability

is a resident of: \_\_\_\_\_  
\_\_\_\_\_

Complete address

His/Her permanent disability is caused by: (Please check appropriate box)

- Hearing impairment
- Visual impairment
- Speech impairment
- Orthopedic or bone impairment
- Mental/Psychological disorders
- Deformity/Amputee
- Learning disability
  - Autism
  - Dyslexia
  - Slow learner
  - Others (please specify): \_\_\_\_\_
- Neurological diseases
  - Multiple sclerosis
  - Muscular dystrophy
  - Parkinson's disease
- Others (please specify): \_\_\_\_\_

This certification is being issued to facilitate his/her request for a  
Transportation Discounted Fare Identification Card.

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME**  
Doctor of Medicine/Health Worker/President of PWD Organization/  
Teacher-In-Charge [for Students]/ Social Worker [for Clients]/ LGU Official

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

**FOR NCWDP ONLY**

Code No. \_\_\_\_\_  
Date: \_\_\_\_\_  
Request: \_\_\_\_\_  
Action Taken: \_\_\_\_\_