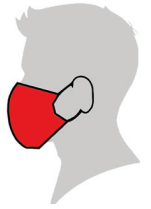


**PART #2: To be completed by a licensed professionals listed below.
PLEASE PRINT CLEARLY**



Federal law requires that all persons wear a mask while using public transportation. SMART, as a Public Transportation Authority, is subject to this law. As defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.) certain people with disabilities who, due to their disability, cannot wear a mask, or safely wear a mask, are exempted from the mask requirement. The information provided will allow SMART to make an appropriate evaluation of this request and its application for mask exemption. Thank you for your cooperation in this matter. **Unreadable or incomplete Professional Verification may take longer to process or may be returned.**

Professional's Name: _____

Title/Position: _____ Professional License/ID# **(Required)**: _____

Office Address/Phone: _____ (____) _____

What is your professional relationship to the applicant?

- Physician - MD, DO
 PT / OT
 P.A., N.P., D.C.
 Social Worker
 Rehabilitation Specialist
 Nurse

Applicant Name _____ D.O.B. ____/____/____ Male Female

Are you currently overseeing the care of this applicant? YES NO

If no: date last time you saw this applicant: _____

Provide below the applicant's disability/diagnosis and how does it prevent them from wearing a mask while using public transportation?

Disability	Reason Disability Prevents Applicant From Wearing A Mask

This information is accurate to the best of my knowledge.

Professional's Signature: _____ Date: _____

Mail both forms, PART 1, Mask Exemption Application and PART 2, Professional Verification to:
SMART ADA Office, Buhl Building, 535 Griswold Street, Suite 600 Detroit, MI 48226

Questions? Call the ADA Department @ (313) 223-2193 or email ADAInfo@smartbus.org