

Application for a Companion Pass Entitlement to a companion

A person who lives permanently in the validity area of HSL's regional tickets and is unable to travel alone due to a chronic disease or disability, is entitled to a companion.

For residents of Helsinki, Espoo, Kauniainen, Vantaa, Kerava, Sipoo, Tuusula and Siuntio the application can be signed by a health center physician, medical specialist or a private practitioner. Residents of Kirkkonummi can get a certificate from a health center physician or a physician at HUS or Jorvi.

A person who is visually impaired with a disability degree of at least 50%, can get a Companion Pass without a separate application. A medical certificate from an eye specialist or a visually impaired person's card issued by the Finnish Federation of the Visually Impaired or Förbundet Finlands Svenska Synskadade rf is sufficient for obtaining the pass.

When applying for the pass, **a recent passport photograph** and a proof of identity are needed.

The **companion** can travel for free on Helsinki region public transport, if the accompanied person has a *Companion Pass* and a valid ticket or is entitled to travel without a ticket.

When traveling alone, the companion needs a valid ticket of their own.

When traveling with a *Companion Pass*, the pass has to be presented to the driver when boarding the bus. On other modes of transport, you must have the *Companion Pass* with you and show it to a ticket inspector if asked to.

The *Companion Pass* is issued on presentation of a medical certificate for an undetermined period of time, but it has to be **renewed every 5 years**. A new passport photograph is needed every time you renew your pass. The first pass must be collected in person as your identity shall be confirmed.

Applications for Companion Passes are processed at Travel Card service points.

PLEASE TURN

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Applicant fills in

Family name and given names		Identity number
Street address	Postcode	Town/City
Place of domicile <input type="checkbox"/> Helsinki <input type="checkbox"/> Espoo <input type="checkbox"/> Kauniainen <input type="checkbox"/> Vantaa <input type="checkbox"/> Kerava <input type="checkbox"/> Kirkkonummi <input type="checkbox"/> Sipoo <input type="checkbox"/> Tuusula <input type="checkbox"/> Siuntio		
Date ____ / ____ 20____	Signature	Phone number

Health center / HUS / Jorvi physician fills in

I confirm that the applicant has a chronic disease of disability due to which he or she is unable to travel alone on public transport and needs a companion.	
Date ____ / ____ 20____	Signature and stamp of the physician

Other physician fills in

I confirm that the applicant has a chronic disease of disability due to which he or she is unable to travel alone on public transport and needs a companion.	
Date ____ / ____ 20____	Signature and stamp of the physician

PLEASE TURN