

# WESTERN MARYLAND RAILWAY COMPANY

## REQUEST FOR TRIP PASS

..... R. R.

*Will you please favor me with*

**TRIP PASS**  
**HALF FARE** for the following person , who <sup>is</sup> are not prohibited by law from receiving free transportation

Name

Address

Account

From \_\_\_\_\_ to \_\_\_\_\_ and return

Limited to \_\_\_\_\_

### PASSES PREVIOUSLY REQUESTED THIS YEAR AND REASON.

DATE	ROAD	FROM	TO

Company Business..... I hereby certify that the above mentioned person <sup>is</sup> are ENTIRELY DEPENDENT upon me for support.

Personal Account..... Signed.....  
(SIGNATURE OF APPLICANT)

I hereby certify that the person for whom, or on whose account, this transportation is requested is (was, if furloughed, retired or deceased) carried regularly on the payroll of this Company and devotes (devoted) substantially all his working time to railroad service.

Approved..... Signed.....

Length of Service..... Approved.....

PASS No..... Date Received.....

**NOTE**—In requesting pass for member of family, explain degree of relationship and state clearly if entirely dependent. Give names and ages of all dependents except wives. Give full name and occupation and postoffice address of employe on whom dependent. If for foreign transportation, use Form PB-6 for original and Form PB-7 for carbon—both copies to Pass Bureau—Baltimore, after approved by proper officers.