



Mid-Ohio Valley Transit Authority  
 520 Juliana Street, Parkersburg, WV 26101  
 Telephone (304) 422-4100 Fax (304) 422-3200  
 E-mail - movta@easyriderbus.com

**Application for Special Fare For Disabled**

Section A: To be filled out by applicant (Please Print)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Section B: To be completed by physician

Physician's Medical Diagnosis: (Please describe)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of visit to physician: \_\_\_\_\_

Is disability \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary, if so, expected date of recovery \_\_\_\_\_  
 (Card will not be issued if date is not filled in)

Name of Physician (Print or Type) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
 Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Section C- Company Use Only

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Date Card Issued \_\_\_\_\_ Denied \_\_\_\_\_

Official Signature \_\_\_\_\_

Note: Upon approval all applicants will be issued a photo I.D. card which must be presented to purchase a pass or pay half-fare. Must be shown to driver upon request.

WORDDAT/FORMS/ADA/DISABLED APPLICATION FOR REDUCE FARES