



Mid-Ohio Valley Transit Authority, Inc.

520 Juliana Street, Parkersburg, WV 26101

Telephone (304) 422-4100 Fax (304) 422-3200

E-mail - movta@easyriderbus.com

NAME: _____ (Please Print)

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

HEIGHT: _____ **WEIGHT:** _____

HAIR COLOR: _____ **EYES:** _____

QUALIFICATION FOR REDUCED FARE:

(Check applicable reason)

AGE: _____

VERIFICATION: _____
(Driver's License, Birth Certificate, etc. - A copy will be sufficient)

DISABILITY: _____

VERIFICATION: _____
(Social Security Award Letter, Armed Forces Disability Card)

IF TEMPORARY, HOW LONG? _____
(Doctor's Statement Required)

MEDICARE CARD: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

Verified by: _____

PLEASE RETURN TO THE TRI-STATE TRANSIT AUTHORITY WITH THE PROPER DOCUMENTATION.