

PAN TRAN
Eastern Panhandle Transit Authority
446 Novak Drive
Martinsburg, WV 25401
304-263-0876

PHYSIAN STATEMENT OF DISABILITY
For ½ Fare Card Program

I, _____, certify that, _____, is Disabled. He or She will be considered disabled for a period of _____. If this period of time is extended past one year you will need to renew your card and have a signed physician statement every year.

Physician Signature: _____ Date: _____

Applicant Signature: _____ Date: _____