

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

PHYSIAN STATEMENT OF DISABILITY  
For Half 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 need to renew your card and have a signed physician statement every year.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_