

**APPLICATION FOR MOBILITY-IMPAIRED
PARKING PERMIT**

North Dakota Department of Transportation, Motor Vehicle
SFN 2886 (10-2018)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: <https://dot.nd.gov>

For Motor Vehicle Use Only

2021 Placard Number(s)

TO BE COMPLETED BY APPLICANT (please print)

Applicant's Legal Name	Driver's License Number	Telephone Number	
Mailing Address	City	State	Zip Code

Please check **ONE** of the following:

<input type="checkbox"/> Permanent Mobility-Impaired Parking Permit ONLY - no fee required	Number of permits requested (maximum amount 2)
<input type="checkbox"/> Mobility-Impaired License Plates - \$5 fee required for EACH vehicle listed below - DO NOT SEND CASH **Complete ONLY if you are requesting mobility-impaired license plates. This option requires ONE current parking permit.	
Year and Make of Vehicle	License Plate Number
Year and Make of Vehicle	License Plate Number
<input type="checkbox"/> Duplicate Permanent Mobility-Impaired Parking Permits - \$3 EACH - DO NOT SEND CASH Choose reason for Duplicate: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated List placard number you have in your possession _____	
<input type="checkbox"/> Temporary Mobility-Impaired Parking Permit - \$3 EACH and are valid for increments of three months - DO NOT SEND CASH Issued to individuals who are temporarily mobility-impaired	Number of permits requested (maximum amount 2)

Under NDCC 39-01-15, permit(s) must be prominently displayed on the rear-view mirror of the motor vehicle whenever the vehicle is occupying a space reserved for the mobility-impaired and is being used by a mobility-impaired individual or another individual for the purposes of transporting the mobility-impaired individual. No part of the permit may be obscured. A fee of five dollars may be imposed for a violation of this subsection.

If a law enforcement officer finds that the permit is being improperly used, the officer may report to the director any violation and the director may in the director's discretion, remove the privilege. An individual who is not mobility-impaired and who exercises the privileges granted a mobility-impaired individual under subsection 1 is guilty of an infraction for which a fine of one hundred dollars must be imposed.

Applicant Signature Required

I certify that I am mobility-impaired, which renders it difficult and burdensome for me to walk.

Signature of Applicant	Date
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* If processed outside of the Bismarck Motor Vehicle Office, service fees will apply.

SECOND PAGE MUST BE COMPLETED AND SIGNED BY QUALIFIED MEDICAL PROVIDER

TO BE COMPLETED BY QUALIFIED MEDICAL PROVIDER (please print)

Name of Applicant (Patient)			
Name of Medical Provider			
Name of Clinic			Telephone Number
Address of Clinic	City	State	ZIP Code

Please check **ONE** of the following:

<input type="checkbox"/> NON-REVERSIBLE CONDITION The permit will expire 12-31-2021. The applicant will not have to contact a qualified medical provider to renew the permit.
<input type="checkbox"/> REVERSIBLE CONDITION The permit will expire 12-31-2021. To renew the permit, the applicant will need to have the qualified medical provider complete a new application.
<input type="checkbox"/> TEMPORARY MOBILITY IMPAIRMENT The permit is good for 3 months.

Please check **ALL** that apply:

<input type="checkbox"/> Applicant uses portable oxygen.	<input type="checkbox"/> Applicant is restricted by cardiac, pulmonary or vascular disease from walking two hundred feet without rest.
<input type="checkbox"/> Applicant has an orthopedic, neurologic, or other medical condition that makes it impossible to walk two hundred feet without assistance and rest.	<input type="checkbox"/> Applicant has a forced expiratory volume of less than one liter for one second or an arterial oxygen tension of less than 60 millimeters of mercury on room air while at rest and is classified III or IV by standards for cardiac disease set by the American Heart Association.

I certify that the above applicant is mobility impaired as defined in NDCC 39-01-15.

Signature of Medical Provider	Date
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NOTE: A Qualified Medical Provider who provides a false statement that a person is mobility-impaired for the purpose of that person obtaining a permit under the subsection is guilty of an infraction for which a minimum fine of one hundred dollars must be imposed.