APPLICATION FOR MOBILITY-IMPAIRED PARKING PERMIT

North Dakota Department of Transportation, Motor Vehicle Division
SFN 2886 (Rev.09-2012)

608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone: (701) 328-2725

Certificate Number

TO BE COMPLETED BY THE APPLICANT (Please Print)

Applicant's Legal Name			Daytime Telephone Number
Mailing Address	City	State	Zip Code
I Reside in The Following County:	North Dakota Driver's License Number		

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

X_____ _____
Applicant's Legal Signature **Date Signed**

PERMANENT MOBILITY-IMPAIRED PARKING PERMIT

Your choices for the parking permit and license plates are as follows:

1. ☐ **ONE OR TWO MOBILITY-IMPAIRED PARKING PERMITS**
With this option you must display regular license plates on your vehicles.

Permits are free. Number of permits requested _____ (Limit is 2)

2. ☐ **Mobility Impaired License Plates with ONE Parking Permit - $ 5.00 fee required for each vehicle listed below.**
Permit is free.

Year and Make of Vehicle	License Number
Year and Make of Vehicle	License Number
Year and Make of Vehicle	License Number
Year and Make of Vehicle	License Number

NDCC 39-01-15 sub 8. If a law enforcement officer finds that the certificate is being improperly used, the officer may report to the director any such violation and the director may, in the director's discretion, remove the privilege. Any person who is not mobility impaired and who exercises the privileges granted a mobility-impaired person under subsection 1 is guilty of an infraction for which a fine of one hundred dollars must be imposed.

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TEMPORARY MOBILITY-IMPAIRED PARKING PERMIT

☐ Issued to persons who are temporarily mobility impaired. Permits are $3.00 each and are valid for increments of 3 months.

Number of permits requested _____. (Limit is two (2))

Permit must be prominently displayed on the rearview 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 person or another person for the purposes of transporting the mobility impaired person. No part of the permit may be obscured. A fee of five dollars may be imposed for a violation of this subsection.

REVERSE SIDE MUST BE COMPLETED AND SIGNED BY PHYSICIAN

TO BE COMPLETED BY PHYSICIAN

PLEASE CHECK ONE

☐ **NON-REVERSIBLE CONDITION**
The permit will expire 12-31-2015.
The applicant will not have to contact a physician to renew the permit.

☐ **REVERSIBLE CONDITION**
The permit will expire 12-31-2015.
To renew the permit, the applicant will need to have the physician complete a new application.

☐ **TEMPORARY MOBILITY IMPAIRMENT**
The permit is good for 3 months.

I verify _____ **is mobility impaired as defined in section 39-01-15 (NDCC).**
Applicant's Name (Required)

Please check the following appropriate reason(s).

☐ Applicant uses portable oxygen.

☐ Applicant is restricted by cardiac, pulmonary, or vascular disease from walking two hundred feet without rest.

☐ Applicant has an orthopedic, neurologic, or other medical condition that makes it impossible to walk two hundred feet without assistance or rest.

☐ Applicant has a forced expiratory volume of less than one liter for one second or an arterial oxygen tension of less than 60 millimeter 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.

Physician's Name	Address of Clinic		
Name of Clinic	City	State	Zip Code
Telephone Number	Date		

X _____
Physician's Signature

NOTE: A physician who provides a false statement that a person is mobility impaired for the purpose of that person obtaining a certificate under this subsection is guilty of an infraction for which a minimum fine of one hundred dollars must be imposed.