

# APPLICATION FOR MOBILITY-IMPAIRED PARKING PERMIT

North Dakota Department of Transportation, Motor Vehicle  
SFN 2886 (2-2017)

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

2018 Placard Number(s)
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### TO BE COMPLETED BY APPLICANT (please print)

Applicant's Legal Name			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.			
Applicant's Legal Signature			Date Signed

Please choose **ONE** of the following:

### PERMANENT MOBILITY-IMPAIRED PARKING PERMIT

<b>1. <input type="checkbox"/> Mobility-Impaired Parking Permits ONLY - No Fee Required</b> With this option, you must display regular license plates on your vehicles.	Number of Permits Requested (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**\*\*Complete ONLY if you are requesting Mobility-Impaired Plates.**

<b>2. <input type="checkbox"/> Mobility-Impaired License Plates with ONE Parking Permit - \$5 fee required for each vehicle listed below</b>	
Year and Make of Vehicle	License Number
Year and Make of Vehicle	License Number

<b>3. <input type="checkbox"/> Duplicate Permanent Mobility-Impaired Parking Permits - \$3 EACH</b> Choose reason for Duplicate: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated  List placard number you have in your possession _____
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### TEMPORARY MOBILITY-IMPAIRED PARKING PERMIT

<b>4. <input type="checkbox"/> Issued to individuals who are temporarily mobility impaired. Permits are \$3 each and are valid for increments of 3 months.</b> Duplicate temporary mobility-impaired permits - \$3 each List placard number you have in your possession _____	Number of Permits Requested (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Permit(s) 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 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.

**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 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.

**REVERSE SIDE MUST BE COMPLETED AND SIGNED BY QUALIFIED MEDICAL PROVIDER**

**TO BE COMPLETED BY QUALIFIED MEDICAL PROVIDER****PLEASE CHECK ONE**

**NON-REVERSIBLE CONDITION**  
The permit will expire 12-31-2018.  
The applicant will not have to contact a qualified medical provider to renew the permit.

**REVERSIBLE CONDITION**  
The permit will expire 12-31-2018.  
To renew the permit, the applicant will need to have the qualified medical provider complete a new application.

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

I verify the following applicant is mobility impaired as defined in 39-01-15 (NDCC).

Applicant's Name (Type or Print)

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 and rest.

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.

Name of Clinic

Telephone Number

Address of Clinic

City

State

ZIP Code

Printed Medical Provider's Name

Medical Provider's Signature

Date

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