

**APPLICATION FOR MOBILITY-IMPAIRED  
PARKING PERMIT**

North Dakota Department of Transportation, Motor Vehicle  
SFN 2886 (8-2024)

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**

|                  |
|------------------|
| Permit Number(s) |
|------------------|

**TO BE COMPLETED BY APPLICANT** (please print)

|                        |                         |               |                  |
|------------------------|-------------------------|---------------|------------------|
| Applicant's Legal Name | Driver's License Number | Date of Birth | Telephone Number |
| Mailing Address        | City                    | State         | Zip Code         |

Please check **ONE** of the following:

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

\* 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"/> <b>NON-REVERSIBLE CONDITION</b><br>When the permit expires, the applicant will not need to have the qualified medical provider complete a new application. |
| <input type="checkbox"/> <b>REVERSIBLE CONDITION</b><br>When the permit expires, the applicant will need to have the qualified medical provider complete a new application.         |
| <input type="checkbox"/> <b>TEMPORARY MOBILITY IMPAIRMENT</b><br>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.

|                                      |      |
|--------------------------------------|------|
| <b>Signature of Medical Provider</b> | 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 permit under the subsection is guilty of an infraction for which a minimum fine of one hundred dollars must be imposed.