

John J. Barthelmes Commissioner of Safety

State of New Hampshire DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

23 HAZEN DRIVE, CONCORD, NH 03305 Telephone: (603)227-4030 TDD Access Relay NH 7-1-1



APPLICATION FOR WALKING DISABILITY PRIVILEGES

(Please see reverse side for Frequently Asked Questions)

Section I – Applicant's Information

This section must be completed and signed by the applicant (the person with the walking disability). If signed by a third party, please attach all approved documentation (guardianship, power of attorney, etc.)

Name:				Date of Birth:		
	First	Middle Initial	Last			
Mailing Add	ress:					
		Street	City	State	Zip Code	
Driver License or Non-Driver ID # Telepho (please write "none" if you do not have one)			Telephone Number	E-Mail Address (0	E-Mail Address (Optional)	
Upon approv	al of this applica	tion you will be issue	d one of the following. Plea	se make your selection below:		
One (1) pl	acard					
Two (2) p	lacards (If you alro	eady have or are apply	ving for Walking Disability pl	ates you are not eligible for 2 pl	acards)	
Walking Disability plates (for first time) & one (1) placard Fee \$8.00 (Permanent walking disability privileges required. Please send a copy of your current registration). For renewals, please see reverse side of this form.						
	ed applicant, certify ity privileges pursua		rn falsification pursuant to RSA	641:3, that I am a resident of this S	tate qualified for	
Signature of Applicant:				Date:		
Section II – Medical Provider Information (This section must be completed by your medical provider)						
Please CHECK ONE of the following:						
Please issue a placard for a TEMPORARY disability for a period of months (cannot exceed 6 months)						
Please issue a placard for a PERMANENT disability (These placards require periodic renewal/recertification per RSA 261:88.)						
	-			I	·····,	
	K ONE of the foll	-			· · · · · · ·	
I am a:	Licensed Physic				sician Assistant	
<u>Please CERTIFY as follows:</u> I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the person whose name appears above is under my treatment/care and, in my professional opinion, has a walking disability as defined/used under RSA 259:124 and RSA 261:88. RSA 261:88 includes the following criteria:						
		0		prosthetic device, wheelchair, or othe	er assistive device: or	
II Is restric	Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry					
1s less th	nan 1 liter, or the arter rtable oxygen; or	rial oxygen tension is less	than 60 mm/hg on room air at rest	; or		
IV Has a ca		-	unctional limitations are classified	in severity as class 3 or class 4 accord	ding to standards set by	
			itic, neurological, orthopedic, or o	ther medically debilitating condition.		
Please print l	egibly. Original S	Signature of Medical	Provider is required. Signed	under penalty of unsworn falsi	fication (see above).	
Name of Med	lical Provider:			Telephone:		
Medical Provider Address:						
Medical Prov	vider Signature:			Date:		

• What if my placard is lost or stolen?

If your placard is lost or stolen please write a letter requesting a replacement. The letter should include your name, date of birth and mailing address, (maximum of 2 placards per individual applicant).

• How do I renew my Walking Disability license plates?

To renew your current Walking Disability license plates, please take your vehicle registration to your town clerk's office. You must have a valid placard in order to renew your plates.

• May I have 2 placards and a Walking Disability license plate at the same time?

No. Pursuant to RSA 261:88, you may have either 2 placards OR 1 placard and 1 Walking Disability license plate. The only exception to this is Walking Disability motorcycle plates. You may have a Walking Disability motorcycle plate for each motorcycle you have registered.

• How do I request a Walking Disability license plate if I already have a placard?

If you would like to request Walking Disability plates and you already have a valid placard you can write a letter requesting Walking Disability plates and send a copy of your current registration along with a check or money order for \$8.00.

• May I use my placard in any vehicle I travel in?

Placards are assigned to the individual applicants that apply for them, not a specific vehicle. You may use your placard in any vehicle you are traveling in as long as you will be exiting the vehicle when parking in an accessible parking space. The wheelchair symbol on the placard is internationally recognized so if you travel outside of NH you may still use your placard.

• Do I have to renew my permanent placard?

Yes. Walking Disability placards for a permanent disability are valid for up to 5 years and have the same expiration date as your driver license or non-driver identification card.

• Why is my permanent placard valid for less than 5 years?

The first time you apply for walking disability privileges, the placard will only be valid until the next renewal of your driver license or non-driver identification card, which may be less than 5 years. After that, it will expire every 5 years on the same date as your driver license or non-driver identification card.

• Where can I mail my application?

If you would like to apply through the mail you may send your completed application to:

NH Division of Motor Vehicles Walking Disability Section 23 Hazen Dr. Concord, NH 03305

• May I apply for a placard in person?

Yes. You may bring your completed application to the nearest DMV locations. Please visit our website for hours and locations for each office: <u>http://www.nh.gov/safety/divisions/dmv/locations/index.htm</u>

• May I send a friend or relative to pick up my placard?

Yes. Have your friend or relative bring your completed application (make sure you have signed it) along with their license or ID to the nearest DMV location.