

APPLICATION FOR MOBILITY-IMPAIRED PARKING PERMIT



Three Affiliated Tribes DOT
Licensing Administration
PO Box 609
305 4th Ave Suite 3200
New Town, ND 58763
(701) 627-4513
Website: www.mhadot.com

TO BE COMPLETED BY APPLICANT

Applicant's Legal Name		Driver's License Number		Phone Number	
Mailing Address		City		State	Zip
Number of permits requested: (max of 2)		Permit #	H:	H:	
PERMANENT DISABILITIES MAY HAVE AN OPTIONAL HANDICAPPED PLATE:			PLATE:	EXP: ____ / ____	
Year	Make	Model			
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Permits 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 purpose of transporting the mobility-impaired individual. No part of the permit may be obscured.

If a law enforcement officer finds that the permit is improperly being used, the officer may report to the Licensing Administration, and the administrator may remove the privilege. An individual who is not mobility-impaired and who exercises the privileges granted to a mobility-impaired individual is guilty of an infraction, and fines will be imposed.

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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Falsifying an affidavit is a Class A misdemeanor offense, punishable by one year in prison and a fine of \$2,000.00 (CDCC 12.1-11)
Providing false information to authorities is punishable by up to 30 days in jail and a fine of \$100.00 (TAT Tribal Criminal Code 520.4)

**SECOND PAGE MUST BE COMPLETED AND SIGNED BY A QUALIFIED
MEDICAL PROVIDER**

This form expires one year from the date signed.

**APPLICATION FOR MOBILITY-IMPAIRED
PARKING PERMIT**

TO BE COMPLETED BY A QUALIFIED MEDICAL PROVIDER (please print)

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

Please check ONE of the following:

<u> </u> NON-REVERSIBLE CONDITION The permit will expire 12-31-<u> </u> <i>OPTIONAL HANDICAPPED PLATE AVAILABLE</i> The applicant will not have to contact a qualified medical provider to renew the permit <u> </u> REVERSIBLE CONDITION The permit will expire 12-31-<u> </u> To renew the permit, the applicant will need to have the qualified medical provider complete a new application

I certify that the above applicant is mobility impaired

Signature of Medical Provider	Date
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