

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY
 DIVISION OF MOTOR VEHICLES
 STEPHEN E. MERRILL BUILDING
 23 HAZEN DRIVE, CONCORD, NH 03305
 (603) 271-2275

APPLICATION FOR WALKING DISABILITY PRIVILEGES

Check Items Required:
<input type="checkbox"/> Hanging Placard
<input type="checkbox"/> Walking Disability Plates
<input type="checkbox"/> Walking Disability Vanity Plates

THIS APPLICATION IS FILED PURSUANT TO THE APPLICABLE PROVISIONS OF NH RSA 261:88
 (Refer to Eligibility Requirements On Reverse Side)

INDIVIDUAL APPLICANTS MUST COMPLETE THIS SECTION	LAST NAME	FIRST NAME	MIDDLE NAME	DOB			
	STREET ADDRESS OR RFD AND BOX NO.			TELEPHONE # (OPTIONAL)			
	CITY OR TOWN	COUNTY	STATE	ZIP CODE			
	V E H	VIN	PLATE NO.	PLATE TYPE	MAKE	MODEL	YEAR

I, the undersigned applicant, certify under penalty of unsworn falsification pursuant to RSA 641:3, that I am a resident of this State qualified for Walking Disability Privileges.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

I certify under penalty of unsworn falsification pursuant to RSA 641:3, that I provide primary transportation for the named applicant, as a member of that relative's household.

NAME: _____ **D.O.B.:** _____ **DATE:** _____

ADDRESS: _____

RELATION TO APPLICANT: _____ **SIGNATURE:** _____

THIS CERTIFICATION MUST BE COMPLETED BY A LICENSED PHYSICIAN, PODIATRIST OR ADVANCED REGISTERED NURSE PRACTITIONER (ARNP).

I certify, under the penalty of perjury, that the person whose name appears is under my treatment and care and in my professional opinion has a walking disability as defined under RSA 259:124.

Brief description of medical condition and how it limits or impairs the applicant's ability to walk : _____

The condition is: _____ **PERMANENT** or _____ **TEMPORARY:** for a period of _____ Months
(Temporary placard not to exceed six months)

SIGNATURE OF PHYSICIAN, PODIATRIST OR ARNP: _____ **DATE** _____

NAME OF PHYSICIAN, PODIATRIST OR ARNP (print legibly): _____

ADDRESS: _____

ORGANIZATIONS COMPLETE THIS SECTION

I/We certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the business identified herein is owned by an organization in the private or public sector that is primarily engaged in a business in this state involving care, treatment, rehabilitation or transportation of persons with walking disabilities.

Business Name and Address: _____
 Signature of Applicant _____ Telephone # _____

BUSINESS ADMINISTRATOR:	LAST NAME	FIRST NAME	MIDDLE NAME			
	STREET ADDRESS OR RFD AND BOX NO.					
ADMINISTRATOR'S ADDRESS:	CITY OR TOWN	COUNTY	STATE	ZIP CODE		
VEHICLE INFORMATION:	VIN	PLATE NO.	PLATE TYPE	MFG. YR.	MAKE	MODEL

ISSUED: _____

GENERAL INSTRUCTIONS:

WALKING DISABILITY PLATES, VANITY PLATES, AND REMOVABLE HANGING PLACARDS

HANGING PLACARDS: An applicant who qualifies for walking disability privileges may apply for a removable windshield placard containing the international accessibility symbol. Those with permanent disabilities shall be issued a blue placard with white lettering, not to exceed five (5) years. The placard shall be removed from the rear-view mirror when the vehicle is in motion.

HANGING PLACARDS – (TEMPORARY): An applicant with a temporary walking disability is not entitled to walking disability plates but may be issued a removable windshield placard containing the international accessibility symbol which shall be a red placard with white lettering and shall not be valid for more than a six (6) month period.

WALKING DISABILITY PLATES: If you have a permanent disability that qualifies you for walking disability privileges, you may apply for walking disability plates containing the international accessibility symbol and a distinguishing number. An exchange of the plates you may currently hold must be made at the central office in Concord. A fee of \$8.00 is required.

WALKING DISABILITY VANITY PLATES: If you have a permanent disability that qualifies you for walking disability privileges, you may apply for vanity plates containing the international accessibility symbol and such letter and numbers as may be available for such plates. The fee is in addition to the normal registration fee for such vehicle, and is determined by the number of months the registration is for.

DEPENDENT TRANSPORTATION: Walking disability plates, or a permanent or temporary hanging placard may be issued for use on a vehicle owned by a relative of a person with a walking disability, if the vehicle owner is a resident of this state, a member of that relative's household and the disabled person is dependent on the vehicle owner as his/her primary means of transportation.

QUALIFYING ORGANIZATION: Walking disability plates, vanity plates or hanging placards may be issued for use on motor vehicles owned by an organization in the private or public sector that is primarily engaged in a business in this state involving care, treatment, rehabilitation, or transportation of persons with walking disabilities.

DEFINITION OF WALKING DISABILITY: "Walking Disability", as used in RSA 261:88, I(c) means a disability which limits or impairs a person's ability to walk, as determined by a licensed physician, podiatrist or advanced registered nurse practitioner, to such an extent that such person:

- I. Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or
- II. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest; or
- III. Uses portable oxygen; or
- IV. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class 3 or class 4 according to the standards set by the American Heart Association; or
- V. Is severely limited in the ability to walk due to an arthritic, neurological, orthopedic, or other medically disabling condition.

PARKING PRIVILEGES FOR PERSONS WITH WALKING DISABILITY: (RSA 265:74) Any motor vehicle carrying the special plates or hanging windshield placard issued to a person with a walking disability under RSA 261:88, or a similar license plate or card issued by another state or country displaying the international accessibility symbol shall be allowed free parking in any city or town, including any state or municipal parking facility where a fee is charged. Each city or town shall have the discretion to set the time periods using guidelines which shall be provided by the governor's commission on disability. The free parking shall only be allowed if the person who qualifies for the special plates or hanging placard is being transported in the vehicle to or from the parking place.

SPECIAL NOTE TO APPLICANT: If this is NOT the registration month of the named registered owner, and you wish to obtain **Walking Disability Plates**, submit a photocopy of your present registration certificate and a check in the amount of \$8.00 (payable to State of N.H. – D.M.V.) DO NOT MAIL CASH.

MAIL COMPLETED APPLICATION AND ANY REQUIRED FEES TO THE ADDRESS LISTED ON THE FRONT OF THIS FORM.