

State of New Hampshire DEPARTMENT OF SAFETY **DIVISION OF MOTOR VEHICLES**

John C. Marasco Director 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 In	nformation				
This section must be comp third party, please attach				ty). If signed by a	
Name:			Date of Birth:		
First	Middle Initial	Last			
Mailing Address:	Street	City	State	Zip Code	
	Sireci	Cuy	Sittle	Zip Couc	
Driver License or Non-Driv (please write "none" if you do n		Telephone Number	E-Mail Addre	E-Mail Address (Optional)	
Upon approval of this applic	ation you will be issued	one of the following. Plea	se make your selection below	7:	
One (1) placard					
Two (2) placards (If you	already have or are applyi	ing for Walking Disability	plates you are not eligible for 2	2 placards)	
			nent walking disability privi e reverse side of this form.	leges required.	
I, the undersigned applicant, cert walking disability privileges pur		n falsification pursuant to RS.	A 641:3, that I am a resident of the	s State qualified for	
SIGNATURE OF APP	PLICANT:		Date:		
Section II – Medical Prov	vider Information (Th	is section must be com	pleted by your medical pro	ovider)	
lease CHECK ONE of the fol	llowing:				
Please issue a placard for	a TEMPORARY disabi	lity for a period of n	nonths (cannot exceed 6 mont	chs)	
Please issue a placard for	a PERMANENT disabil	lity (These placards require	periodic renewal/recertification	on per RSA 261:88.)	
lease CHECK ONE of the fol	llowing:				
am a: Licensed Physi		Advanced Practice Regis	stered Nurse (APRN) Ph	ysician Assistant	
	ment/care and, in my prof	fessional opinion, has a wa	uant to RSA 641:3, that the per lking disability as defined/used		
			n, prosthetic device, wheelchair, or		
is less than 1 liter, or the a		erson's forced (respiratory) expira- han 60 mm/hg on room air at re-	ratory volume for one second, when est; or	measured by spirometry,	
III. Uses portable oxygen; or Has a cardiac condition to	the extent that the person's fu	nctional limitations are classifie	ed in severity as class 3 or class 4 ac	cording to standards set b	
the American Heart Assoc	ciation; or		•		
V. Is severely limited in the a	ability to walk due to an arthrit	tic, neurological, orthopedic, or	other medically debilitating conditi	on.	
Please print legibly. Original	Signature of Medical Pr	ovider is required. Signed	under penalty of unsworn fal	sification (see above).	
Name of Medical Provider:			Telephone:		
Medical Provider Address:					
Medical Provider Signature	e:		Da	te:	

Section III – Frequently asked questions

• 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: http://www.nh.gov/safety/divisions/dmv/locations/index.htm

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.