John J. Barthelmes
Commissioner of Safety

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
Division of Motor Vehicles
23 Hazen Drive, Concord, NH 03305-0001

Elizabeth A. Bielecki
Director of Motor Vehicles

APPLICATION FOR WALKING DISABILITY PRIVILEGES

Section I – Disabled Person's Information

This section must be completed and may be signed by any one of the following:

a. The applicant.
b. The applicant's power-of-attorney. (Please attach copy of POA documentation.)
c. The applicant's guardian. (Please attach copy of guardianship documentation.)
d. The applicant's parent, if the applicant is under age 18. (Please attach copy of birth certificate.)

Name: _____ _____
First Middle Initial Last Date of Birth

Mailing Address: _____
Street City State Zip Code

_____ _____ _____
Driver License or Non-Driver ID # **Phone Number** E-Mail Address (Optional)
(Please write "none" if you do not have one.)

If this application is approved, **one placard will be issued at no charge**.

☐ Please check here if you would like an additional placard at no extra charge.
(If applying for or if you already have a walking disability plate, you are not eligible to receive an additional placard.)

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 pursuant to RSA 261:88.

_____ _____
Signature **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.)

Please **CHECK ONE** of the following:

I am a: ☐ Licensed Physician ☐ Podiatrist ☐ Advanced Practice Registered Nurse (ARNP) ☐ Physician's Assistant

Please **CERTIFY** as follows:

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:

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 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 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 debilitating condition. Cannot walk without the use of, or assistance from, a brace, cane, crutch.

Medical Provider Name (printed legibly): _____ Phone #:_____

Medical Provider Address: _____

Medical Provider Signature (original required): _____ Date: _____

Section III – Walking Disability Plate Information (Only if you are trying to obtain one.)

If you already have walking disability plates:

- Complete Sections I & II.
- Submit the form to the address listed below.
- Renew your existing walking disability plates at your city/town clerk.

If you do not already have walking disability plates (and would like to obtain them):

- You must have permanent privileges.
- You may apply for walking disability plates for your own vehicle OR a vehicle owned by a relative providing your primary transportation and residing in your house.
- Submit a copy of the vehicle's registration with this form.
- Include a check payable to the State of NH – DMV in the amount of **$8.00**.

If you are applying for vanity plates, please call one of our representatives at 603-227-4030 for additional instructions.

Section IV – How to Submit Your Application

If applying in person:

- You may bring your application to a DMV location with the Walking Disability service. To locate the office closest to you, please go to www.nh.gov/dmv
  - Select "Hours and Locations"
  - Look for "Walking Disability" on the list of services at each location

If applying by mail:

- NH DMV
  Attn: Walking Disability
  23 Hazen Drive
  Concord, NH 03305-0001