

**APPLICATION FORM
FOR
NO-FEE PERMIT FOR ACCESS TO PALM BEACH COUNTY NATURAL AREAS FOR PERSONS
WITH A MOBILITY DISABILITY REQUIRING USE OF
AN OTHER POWER-DRIVEN MOBILITY DEVICE
THAT IS BETWEEN 31 AND 48 INCHES IN WIDTH**

Applicant's Name: _____

Local Address: _____

_____ ZIP _____

Contact Telephone Number(s): _____

Desired Length of Permit: _____ months Valid through December 31 of current year.

Requesting Other Power-Driven Mobility Device (OPDMD) access to the following Natural Area(s):

Describe OPDMD(s) to be used on Natural Area(s):

This application includes:

_____ a copy of Applicant's state-issued disability parking placard/card or other state-issued proof of disability; **or**

_____ an Affidavit that provides credible assurance that the use of an OPDMD on the Natural Area(s) is necessary because of Applicant's mobility disability. (See Affidavit below); **and**

_____ a copy of Applicant's driver's license or state-issued photo identification card.

APPLICANT'S AFFIDAVIT

State of _____ – County of _____

The foregoing Affidavit was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or has provided _____ as identification and who did take an oath.

Signature of notary Commission No.

Name of notary (typed, printed, or stamped)

Mail this application form and credible assurance of disability to:

**Palm Beach County Department of Environmental Resources Management
2300 North Jog Road, 4th Floor
West Palm Beach, FL 33411**

OR

Applicant may scan and send the completed application form and credible assurance of disability to: erm-natural@pbcgov.org.

Please include Applicant's e-mail address if requesting the permit to be sent via e-mail.

Applicant requests permit be issued by _____ Mail or _____ E-mail _____

Applicant's Signature

Date