

**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

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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)

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Mail this application form and credible assurance of disability to:

**Palm Beach County Department of Environmental Resources Management  
2300 North Jog Road, 4<sup>th</sup> 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](mailto: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**