

**APPLICATION FOR CARE PROVIDERS MOBILITY- IMPAIRED PARKING PERMIT(S)**

North Dakota Department of Transportation, Motor Vehicle Division  
SFN 54306 (03-2005)

Certificate Number(s)
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Care Provider Facility		
Mailing Address		
City	State	Zip Code

MOTOR VEHICLE DIVISION  
ND DEPARTMENT OF TRANSPORTATION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0780  
Telephone (701) 328-2725  
Fax (701) 328-1487

The department shall issue a mobility-impaired parking permit for a vehicle owned and operated by care providers licensed by the state, veterans-related organizations, and other entities that regularly transport mobility-impaired individuals for use by those providers and entities to park in designated parking spaces while transporting mobility-impaired individuals. Permit must be prominently displayed on the rearview mirror of the motor vehicle whenever the vehicle is occupying a space reserved for the mobility-impaired and is being used by a mobility-impaired person or another person for the purposes of transporting the mobility-impaired person. No part of the permit may be obscured. A fee of five dollars may be imposed for a violation of this subsection.

I certify that I am aware of and understand the restrictions on usage of mobility-impaired parking permits. The care provider facility of which I am the \_\_\_\_\_ has \_\_\_\_\_ (number) vehicles owned or operated for transporting mobility-impaired persons for which we are requesting \_\_\_\_\_ mobility-impaired parking permits.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed application to: MOTOR VEHICLE DIVISION  
ND DEPARTMENT OF TRANSPORTATION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0780