

## **NEW HAMPSHIRE APPLICATION** FOR WALKING DISABILITY PRIVILEGES

Incomplete applications cannot be processed. Both disabled person and medical professional signatures are required.

NAME:    FIRST   MIDDLE   LAST   DATE OF BIRTH	1. Disabled Perso	n's Information: (	Please Print)		
MAILING ADDRESS:  STREET CITY/TOWN STATE ZIP CODE  DRIVER LICENSE NUMBER /NON BEST CONTACT PHONE NUMBER (RECOMMENDED)  I am applying for one of the following:    One placard (no charge,     Additional placard (no charge,     A		MIDDLE		LAST	DATE OF DIDTH
DRIVER LICENSE NUMBER / NON BEST CONTACT PHONE EMAIL ADDRESS DRIVER IDENTIFICATION NUMBER NUMBER (RECOMMENDED)  I am applying for one of the following:  One placard (no charge, maximum of 2 placards per resident).    Additional placard (no charge, maximum of 2 placards per resident).   Walking Disability Vanity Plate (8f fee for initial issuance, no fee for renewals. Permanent Disability only, must complete section 3).   Walking Disability Vanity Plate (Permanent Disability only, must complete section 3 below and an Application for Initial Plates (RDMV120).   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.  Applicant/Power of Attorney Signature:  Date:  NOTE: Power of Attorney must supply appropriate documentation, including a copy of the Power of Attorney.  2. Medical Provider Information: Please check only only:  Dermanent		1	MIDDLE	LASI	DATE OF BIRTH
DRIVER IDENTIFICATION NUMBER   NUMBER (RECOMMENDED)   I man applying for one of the following:   One placard (no charge, maximum of 2 placards per resident).   Mulking Disability Pate (88 fee for initial issuance, no fee for renewals. Permanent Disability only, must complete section 3.)   Walking Disability Vanity Plate (Permanent Disability only, must complete section 3 below and an Application for Initial Plates (RDMV120).   It 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.   Date: NOTE: Power of Attorney Signature:   Date: NOTE: NOT	MAILING ADDRESS:	STREET	CITY/TOWN	STATE	ZIP CODE
qualified for Walking Disability Privileges.  Applicant/Power of Attorney Signature: NOTE: Power of Attorney must supply appropriate documentation, including a copy of the Power of Attorney.  2. Medical Provider Information: Please check only one: Permanent Temporary: for a period of Months (cannot exceed six (6) months)  I certify the above applicant meets one of the criteria listed below:  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 60mm/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 the 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 disabling condition.  I certify, under penalty of unsworn falsification, that the person whose name appears is under my treatment and care and in my professional opinion has a walking disability as defined under RSA 259:124.  I am a: Licensed Physician Podiatrist Advanced Practice Registered Nurse (APRN)  Physician's Address:  Print Name:  Contact Phone Number:  Signature:  Date:  3. Walking Disability Plate Information: Submit a copy of the current registration of the vehicle you wish to obtain plates for and a completed Application for Initial Plates (RDMV 120):  This is my own vehicle.  This is my own vehicle.  This vehicle is registered to a relative residing in my household and provides primary transportation for me.  Household Member Information:  Print Name:  DOB:  Relation to Applicant.	DRIVER IDENTIFICA  I am applying for one of One placard (no charg Additional placard (no Walking Disability Pl Walking Disability Va	ATION NUMBER If the following: ge). O charge, maximum of 2 plaate (\$8 fee for initial issuan	NUMBER (RECOMME) acards per resident). ace, no fee for renewals. Perman	NDED)  nent Disability only, mus	t complete section 3).
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Permanent		15 7 Farebook (1977) William 18 18 18 18 18 18 18 18 18 18 18 18 18			Attorney.
professional opinion has a walking disability as defined under RSA 259:124.  I am a: Licensed Physician Podiatrist Advanced Practice Registered Nurse (APRN)  Physician's Address:  Print Name: Contact Phone Number:  Signature: Date:  3. Walking Disability Plate Information: Submit a copy of the current registration of the vehicle you wish to obtain plates for and a completed Application for Initial Plates (RDMV 120):  This is my own vehicle.  This vehicle is registered to a relative residing in my household and provides primary transportation for me.  Household Member Information: Print Name: DOB: Relation to Applicant:  I certify under penalty of unsworn falsification pursuant to RSA 641:3, that I provide primary transportation for the named applicant, as a member of that relative's household.	<ul><li>II. Is restricted by lung by spirometry, is lest</li><li>III. Uses portable oxyge</li><li>IV. Has a cardiac condit the standards set by</li><li>V. Is severely limited in</li></ul>	ss than (1)liter, or the arteri n; or ion to the extent that the pe the American Heart Asso to the ability to walk due to	al oxygen tension is less than 60 rson's functional limitations are ciation; or an arthritic, neurological, orthogonal	Omm/hg on room air at re e classified in severity as pedic, or other medically	est; or class 4 according to disabling condition.
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Vehicle Owner's Signature: Date:  NOTE: Pervey of Attorney must supply appropriate decumentation, including a copy of the Power of Attorney.	you wish to obta  This is my own vehic This vehicle is registe Household Member Print Name:  I certify under penalty of member of that relative's	in plates for and a cole.  ared to a relative residing in Information:  unsworn falsification pursulations household.	mpleted Application for  my household and provides pri  DOB:  nant to RSA 641:3, that I provides	Initial Plates (RDM)  mary transportation for n  Relation to A  le primary transportation	ne. Applicant: for the named applicant, as a
Please submit all documentation to NH DMV Attn: Walking Disability, 23 Hazen Drive, Concord, NH 03305-0001		•			•

Please make Checks payable to: State of NH-DMV
Phone: (603) 227-4000