



APPLICATION FOR THE USE OF OTHER POWER-DRIVEN MOBILITY DEVICE (OPMD)

SECTION 1: CONTACT INFORMATION

Applicant Name:		Date of Application:	
Applicant Phone #:		Applicant Address:	

SECTION 2: OTHER POWER-DRIVEN MOBILITY DEVICE DESCRIPTION

Vehicle Type:		Vehicle Size (Dimensions in ft.):	
Vehicle Weight (lbs.):		Vehicle Height (ft.):	
Vehicle Maximum Speed (mph):			

SECTION 3: PROPOSED LOCATION OF USE

Description of Location:		
Use Location:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor

SECTION 4: SAFETY CONSIDERATIONS

Description of all Safety Devices on OPMD:	
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