



Accommodation Permit for the Use of Power-driven Mobility Device Application

The DEC is committed to making reasonable modifications to policies, practices and procedures to ensure that its programs and services are accessible to, and usable by, individuals with disabilities.

If you require the use of a power-driven mobility device, please complete the form below, and provide a copy of your State-issued proof of disability, disability parking placard or other credible assurance that the power-driven mobility device is to be used for a mobility disability.

Contact Information (for person requesting accommodation)

First Name

Last Name

Street Address

Address Line 2

City

State

Postal Code / Zip Code

E-mail

Phone Number

Accommodation Information

Name of Facility, Road or Areas including the County

Describe the Type and Size of your Mobility Device

Date and Time of anticipated use

Please describe your request for reasonable accommodation due to disability. Please include your suggestions for how you wish to have the Department accommodate your request, and the Department's recreational program (e.g. camping, fishing, hunting) which you wish to access

Non-Ambulatory Hunting Permit or Motorized Access Permit for People with Disabilities number (if applicable)

Additional Information

* Please include a map of the area if possible with your desired route highlighted

*A current Non-Ambulatory Hunting Permit or Motorized Access Permit for People with Disabilities is acceptable as proof of disability

*A "valid" disability parking placard or card is one that is presented by the individual to whom it was issued and is otherwise in compliance with the State of issuance's requirements for disability placards or cards.

RETURN THIS FORM TO:

The DEC Regional Office or Central Office to the attention of the ADA Coordinator.