

**INSTRUCTIONS FOR APPLICATION BY PERSONS DISABLED FOR  
MOBILITY PURPOSES FOR ELECTRIC PERSONAL ASSISTIVE MOBILITY  
DEVICES (KNOWN COMMERCIALY AS A SEGWAY)**

Applications may be obtained at the Sanibel Recreation Center or on the City of Sanibel Website under “Police Department”.

Applications **must** be submitted **in person** at the Sanibel Recreation Center located at 3880 Sanibel-Captiva Road, so that a photo can be taken and a photo permit card issued.

1. One of two boxes in the first section of the Application must first be checked.

If the **first box** is checked, the remainder of the form will need to be fully completed by the applicant and their physician or certifying practitioner.

If the **second box** is checked, the physician’s certification portion of the Application does not need to be completed. The Applicant is required, in lieu of the certification, to produce their Disabled Person’s Parking Placard and parking placard registration for copying. This copied information will be attached to the original Application and kept on file with the City.

2. In the event that an Applicant has a handicapped or disabled persons license plate on their automobile and does not possess a Disabled Person’s Parking Placard and parking placard registration, that individual may submit a copy of their vehicle registration verifying the vehicle is registered in their name, along with proper photo I.D.
3. A photo I.D. must be shown at the time of application.
4. The length of the City Permit is as follows:
  - (a) If the physician’s certification indicates a “permanent disability”, the permit will be issued for a period of two years.
  - (b) If the physician’s certification indicates a “temporary disability”, the permit will be issued for the length of time certified by the physician with a maximum of six months.
  - (c) If a Disabled Person’s Parking Placard and registration is submitted in lieu of a physician’s certification, the permit will be issued for the length of time remaining on the parking placard registration, with a maximum of two years (i.e., if the parking placard registration expires in nine months, the permit will be issued for nine months).
5. Once the application requirements are met, a “City of Sanibel Segway Permit Card” will be issued. When a Segway is operated the City permit must be prominently displayed either on the front of the Segway or on the front of the person operating the Segway so as to be visible from the street.
6. The maximum speed limit for operation of a Segway under the authority of this permit is 8 miles per hour. The operator is also required to be aware of and adhere to all applicable regulations relating to the operation of the Segway and the locations in which it is operated.

**PERMIT APPLICATION FOR PERSON DISABLED FOR MOBILITY PURPOSES  
TO USE/OPERATE ELECTRIC PERSONAL ASSISTIVE MOBILITY DEVICE (EPAMD)  
ALSO KNOWN COMMERCIALY AS SEGWAY**

Please Print/Type Below **APPLICATION BY A PERSON DISABLED FOR MOBILITY PURPOSES (See Warning Below)**

I certify that I am a person with one of the disabilities listed in Section 4 of the City of Sanibel Ordinance 09-008 and described below. As required in Section 4 of Sanibel Ordinance 09-008, I further state (check one):

- my physician or other certifying practitioner has completed the statement of certification below on my behalf, or  
 in lieu of medical certification I am submitting my Disabled Person's Parking Placard and parking placard registration for copying.

\_\_\_\_\_  
Name of Disabled Person as printed on Driver's License or ID Card

\_\_\_\_\_  
Signature of Disabled Person, Parent or Guardian of Disabled Person

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Driver's License or Identification Card Number:

(Required for permanent and temporary permit)

\_\_\_\_\_  
Disabled Person's E-mail Address

**LONG TERM DISABILITY** **PHYSICIAN /CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION (See Warning Below)**

**PERMANENT PERMIT** This is to certify that \_\_\_\_\_ is a disabled person with a permanent disability(ies) that limits or impairs his/her ability to walk 200 feet without stopping to rest. The specific disability(ies) is/are checked below:

\*\*\*\* NOTE: "Unable to walk 200 feet" is not a qualifying disability, unless it is due to one of the conditions listed below (a-e). \*\*\*\*

- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person.
- b. The need to permanently use a wheelchair.
- c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
- d. Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- e. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.

**TEMPORARY PERMIT** This is to certify that \_\_\_\_\_ is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk. Due to the temporary specific disability(ies) checked above, recommend a disabled person permit to be issued from \_\_\_\_\_ (date) through \_\_\_\_\_ (date).

**WARNING: Any person who knowingly makes a false or misleading statement in this application of certification commits a violation of City of Sanibel Ordinance 09-008, and the Sanibel Code of Ordinances punishable as provided in Section 5 of Ordinance 09-008.**

\_\_\_\_\_  
Print/Type Name of Certifying Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Business Street Address

\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Certification or License No. (Required) \_\_\_\_\_ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.

LICENSED IN THE STATE OF: \_\_\_\_\_

**CITY OF SANIBEL USE ONLY**

\_\_\_\_\_  
Printed Name of City Personnel Issuing Permit

\_\_\_\_\_  
Date

**Attach: (1) Copy of parking placard and registration, if applicable, (2) Copy of permit card issued**