



**BLACK HAWK COUNTY CONSERVATION BOARD
OTHER POWER DRIVEN MOBILITY DEVICE (OPDMD)
REGISTRATION APPLICATION
FOR USE IN PUBLIC AREAS**

Name: _____ Cell Phone No: _____

State Issued ID# _____ Issuing Authority: _____
(Or other credible assurance of mobility impairment)(If Available) (If Available)

Address: _____

City/State/Zip Code: _____

Shaded areas to be filled in by BHCCB.

Registration For: _____ Registration Period: _____
(List Area / Park) (Valid for any period not to exceed 1 year)

GUIDELINES:

List any special conditions / restrictions: _____

******Registrant is required to have in his/her possession the registration while using the OPDMD as instructed in said location.***

What BHCCB area are you requesting use of the OPDMD in? _____

OPDMD Description: _____
(Include license plate # or registration # if applicable.)

Signature of Issuing Authority: _____ Date: _____

Printed Name of Authority: _____

I, the undersigned, have been given a copy of the Black Hawk County Conservation Board's policy for OPDMD's and understand that this registration can be revoked if I am found to be disobeying any of the guidelines set forth in this registration. Furthermore, I hereby understand and agree to abide by the conditions and rules set forth by the Black Hawk County Conservation Board for the use of OPDMD.

Signature of Registrant: _____ Date: _____

Printed Name of Registrant: _____

****Mail completed applications to: Black Hawk County Conservation Board
1346 W. Airline Hwy., Waterloo, IA 50703**