



PHYSICIAN CERTIFICATION ORV PRIVILEGES FOR PERSONS WITH A DISABILITY

Subject to the provisions of Part 811, Off-Road Recreational Vehicles, of the Natural Resources and Environmental Protection Act, Act No. 451 of the Public Acts of 1994, as amended, the person named below may:

Operate a licensed ORV/ATV in a manner and at a speed which is reasonable and does not degrade the environment, on all forest roads on state-owned lands whether posted open to ORVs or not. Privileges do not extend to cross-country travel nor to areas, trails and roads specifically posted CLOSED to vehicle or ORV use, nor to the operation of an ORV within state game, wildlife, or research areas, federal forest lands, state parks, state recreation areas or Michigan trailways. Contact the state game, wildlife, or research area manager, federal forest land manager, state park, recreation area or trailway manager regarding access to state game, wildlife, or research areas, federal forest lands, state parks, recreation areas and trailways.

ALL OTHER EQUIPMENT, LICENSE AND OPERATION REQUIREMENTS AND RESTRICTIONS APPLY. THIS CERTIFICATE MUST BE CARRIED AND DISPLAYED BY THE APPLICANT WHEN OPERATING IN THE AREAS MENTIONED ABOVE. PRIVILEGES EXTEND TO 1 COMPANION SERVING AS OPERATOR OR PASSENGER OF THE APPLICANT'S ORV, IF THE ORV IS DESIGNED FOR PASSENGER USE, WHILE OPERATING IN AREAS MENTIONED ABOVE. THIS DOCUMENT DOES NOT AUTHORIZE CROSS-COUNTRY TRAVEL OR OTHER PROHIBITED OPERATION.

Applicant's Name (Print)	Date of Birth	Applicant's Signature
Street Address	City	State ZIP

A licensed physician MUST complete and sign the following:

Due to the following disability (please check as applicable):

- Loss of use of 1 or both legs or feet;
- Inability to ambulate more than 200 feet without having to stop and rest;
- Inability to ambulate without prolonged use of wheelchair, walker, crutches, braces or other device to aid mobility;
- Lung disease from which the person's expiratory volume for 1 second, when measured by spirometry, is less than 1 liter;
- Lung disease from which the person's arterial oxygen tension is less than 60 mm/hg of room air at rest;
- Cardiovascular disease from which the person measures between 3 and 4 on the New York heart classification scale;
- Cardiovascular disease from which a marked limitation of physical activity causes fatigue, palpitation, dyspnea or anginal pain.
- Other diagnosed disease/disorder including, but not limited to, severe arthritis or a neurological/orthopedic impairment that creates a severe mobility limitation. Specify:

The above mentioned disability is:

- Permanent** (this certificate expires 4 years from physician's certification date) **Temporary** (this certificate expires 6 months from physician's certification date)

Physician Name	Physician Telephone
Physician Street Address	City, State, ZIP

Physician Signature

Certification Date

THIS DOCUMENT MUST BE CARRIED AND DISPLAYED UPON REQUEST WHEN EXERCISING THE PRIVILEGES OF THIS CERTIFICATE.

