Michigan Department of Natural Resources – Parks and Recreation Division

APPLICATION FOR USE OF A CLASS 2 E-BIKE ON PATHWAYS AND TRAILS

This information is required under authority of Part 5 of Act 451 of 1994, as amended, MCL 324.501-511 and the Rules for the Regulation of State Lands, R299.921 – R299.932.

DNR USE ONLY
PRD Trails Section
Permit Number

Hereinafter, the Michigan Department of Natural Resources Parks and Recreation Division shall be referred to as "Department" and the Permit Applicant shall be referred to as "Applicant".

This application is for the operation of a Class 2 E-Bike on Parks and Recreation Division trails and Forest Pathways open to bicycle use as allowed in accordance with Land Use Orders of the Director 4.1b and 5.27.

APPLICANT: Please read the instructions before completing application. Submit completed application to a local Parks and Recreation office. Application must be submitted at least sixty (60) days prior to first day of proposed operation. Attach documentation of "Credible Assurance" as required.

1. Section A: Applicant should primarily provide the contact information for the individual applying for the permit.
2. Section B: Applicant shall provide documentation of credible assurance.

SECTION A

Applicant Name	Telephone Number
Email Address	
Address, City, State, ZIP Code	

SECTION B

I understand and agree that operation of a Class 2 E-bike on Parks and Recreation Division bicycle trails and Forest Resources Division bicycle pathways is only allowable to a person with a mobility disability affecting one or more lower extremities may operate a class-2 electric bicycle on a pathway open to bicycle use, after verification of credible assurance and upon the issuance of an annual use permit.

Please attach documentation providing Credible Assurance that the operation of the Class 2 E-bike is being used because of a disability. "Credible assurance" means assurance that the device is required because of a disability and may include a valid state-issued disability parking placard or card or a state-issued proof of disability. A statement from a medical provider confirming that the device is required because of a disability may also be submitted as credible assurance.

CERTIFICATION

I certify that the information submitted herein, including documentation of credible assurance, is accurate and complete. I understand that if I decide to withdraw my application it is my responsibility to notify the Department.

Applicant Name (Print or Type)	Signature	Date

DEPARTMENT CERTIFICATION

Department Representative Name (Print or Type)	Signature	Date

Submit completed application to a local State Park, Recreation Area office, DNR Customer Service Center or via e-mail to DNR-Trails@michigan.gov.