



VILAS COUNTY FORESTRY, RECREATION, & LAND DEPARTMENT

John P. Gagnon, CF - Forest Administrator

330 Court Street, Eagle River, WI 54521

Telephone: (715) 479-5160; Fax: (715) 479-5573

**VILAS COUNTY FORESTRY, RECREATION, & LAND DEPARTMENT
POWER-DRIVEN MOBILITY DEVICE (PDMD) PERMIT FOR DISABLED ACCESS**

Section 1: Application Information

Applicant Name: _____

Mailing Address: _____

Phone Number: _____

Proof of Mobility Disability:

- Parking Identification Card issued by WI DOT Number: _____ (or attach copy)
- Disabled Parking License Plate Number: _____
- Class A, B, or C Disability Permit issued by WI DNR Number: _____
(or attach copy)
- Verbal assurance (*which is not contradicted by observable fact*)

Section 2: Power-Driven Mobility Device (PDMD)

Description of PDMD (type/model, width, height, drive train, etc.):

Section 3: Location of Access Request

Section 4: Restrictions

This Permit authorizes the applicant to operate a PDMD on the trail(s) listed in this Permit. The applicant is responsible to observe all other applicable rules and regulations regarding the safe operation of the PDMD on the County trail(s).

The Permit is subject to the following restrictions:

- a) This permit is valid on the designated trail only. Off trail operation is not permitted.
- b) This authorization to operate a PDMD is limited to the applicant only. Two additional persons are permitted to assist and accompany the applicant.

- c) This permit may be revoked for failure to comply with the terms and conditions contained herein or if permittee provides false information as part of the application.
 - d) Use of a mobility device on the permitted area is at permittee's own risk. Issuance of this permit does not constitute a guarantee of safe conditions on the permitted area. Use under this permit is subject to the provisions of Wisconsin's Recreational Immunity Law [s. 895.52, Wis. Stats.].
 - e) Seasonal or temporal conditions may require suspension or modification of this permit. The Department will notify permittee in writing where practical, that permitted areas are temporarily restricted.
 - f) Personal information collected will be used for property administration and law enforcement purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].
 - g) The issuance of this permit creates no right to future access on permitted routes or areas.
- Additional Restrictions: _____

Permittee agrees to the following:

- h) To carry this permit and all attached documentation at all times of operation, and display this permit to the Department and its law enforcement officers on demand. To prominently display, the Department issued placard on the PDMD.
- i) To yield to all pedestrians by stopping and/or pulling over.
- j) To operate only in areas specified in this permit and in a safe and responsible manner. Off trail operation is not permitted.
- k) To comply with all applicable laws and regulations.
- l) To clean and properly dispose of all soil, vegetation, and debris from device and clothing prior to each use.
- m) Only two additional persons may occupy the device for the purpose of assisting the permittee.
- n) To use the permitted device to remove or otherwise transport only game taken and tagged by the permittee.
- o) Permittee will be held financially responsible for resource damage and restoration that occurs as a result of the use of this permit.
- p) The permittee will not operate the PDMD in excess of ____ mph.
- q) Only equipment that is to be used by the applicant and the assistants may be hauled on the PDMD. No other person(s), tree stands, blinds, bait may be hauled on the PDMD.

Section 5: Applicant Certification

I certify that all information which I provided in this Permit Application is true and I agree to the terms of this Permit.

Signature: _____ Date: _____

Section 6: Approval/Denial/Accommodation

Applicant's information has been reviewed.

The application is approved for the following dates _____ to _____.

The application is denied for the following reason(s):

- i. The physical characteristics of the device.
- ii. The volume of pedestrian traffic at the proposed use location.
- iii. The design and physical characteristics of the proposed use and/or the site.
- iv. The potential safety hazards.
- v. The proposed use creates substantial risk of harm to environmental, natural or cultural resources.

The following accommodation is being provided to the Permittee:

The Vilas County Forestry Department may immediately cancel this permit by oral or written notice if the permittee uses the identified PDMD in any other manner other than what is specified herein or if the County Forest Administrator determines a risk to public safety or harm to the immediate environment or natural or cultural resources.

This permit must be kept with applicant at all times while accessing the above location on the Vilas County Forest.

On behalf of the Vilas County Forestry, Recreation, & Land Department:

Signature: _____ Date: _____

Title: _____

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