

**City of Mackinac Island**  
**Definition of Qualified Person with a Disability**

A qualified person with a disability is an individual who has a physical impairment that substantially limits a major life activity of the individual and substantially limits the ability of the individual to pedal a bicycle; and despite the person's physical limitations, he or she is capable of safely operating an electric assist tricycle/bicycle. A qualified person with a disability would include, for example, an individual who:

1. Cannot walk 200 feet without stopping to rest; or
2. Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic devices, wheelchair or other assistive device; or
3. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/Hg on room air at rest; or
4. Uses portable oxygen; or
5. Has a 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; or
6. Is severely limited in their ability to walk and to pedal a bicycle due to an arthritic, neurological or orthopedic condition.

**City of Mackinac Island**  
**Application for Temporary Revocable Permit**  
**for Use of all Electric Assist Tricycle/Bicycle**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

1. Description of vehicle that the permit will apply to: \_\_\_\_\_  
\_\_\_\_\_

Please provide the make and model number: \_\_\_\_\_

What is the maximum speed this vehicle is capable of travel at? \_\_\_\_\_

Does the vehicle aesthetically look like a traditional pedal powered bicycle or tricycle? \_\_\_\_\_

**(Please attach a photo of the vehicle that a permit is being requested for)**

2. Disability Information: Please describe the nature of your disability which requires accommodation:  
\_\_\_\_\_  
\_\_\_\_\_

**(Please attach a Certification of Disability signed by a duly licensed physician)**

Has a physician or doctor refused or declined to sign the Certification of Disability for you? \_\_\_\_\_  
If yes, please provide the physician's name, address, phone number and the reasons given by the physician. \_\_\_\_\_  
\_\_\_\_\_

3. Accommodation Information: Please explain the reasons you require this form of accommodation.  
\_\_\_\_\_  
\_\_\_\_\_

4. Period of Use for Permit: Proposed Starting Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

5. Terms and Conditions of Permit:

This application and the consideration of whether a permit shall be issued is governed by the terms of the attached "Interim Guidelines for the Use of the Electric Assist Tricycle/Bicycles by Persons with Disabilities" adopted by the City Council. Please note that any permit issued by the City pursuant to this application is temporary and is unilaterally revocable by the City as provided in the "Interim Guidelines for the Use of Electric Assist Tricycles/Bicycles by Persons with Disabilities". The submission of an application does not imply approval from the City of Mackinac Island.

Approved permits are based on the information provided on the application. Any use or purpose which is contrary to approved uses and purposes or restrictions will result in revocation of the permit. Permits are not transferable. The Permittee must comply with all other local ordinances and state law. Permittee is subject to all conditions imposed under any approval of the application.

**City of Mackinac Island  
Physician's Certification of Disability**

Physician:

This form is being provided to you by an individual who is applying for a special accommodation permit on Mackinac Island that will permit the individual to operate an electric assisted motorized bicycle and/or tricycle. Please respond to all of the following questions:

1. Name of the person claiming a disability: \_\_\_\_\_
2. Does the person claiming a disability meet the attached definition of a "Qualified Person with a Disability"? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. In light of his or her physical limitations, do you have any concerns about whether the person claiming a disability is capable of safely operating an electric assist bicycle or tricycle? \_\_\_\_\_  
Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_
4. Please explain the reasons for the person's need for an electric assist bicycle/tricycle as a form of accommodation: \_\_\_\_\_  
\_\_\_\_\_
5. If the person claiming a disability is granted a permit to operate an electric assisted bicycle or tricycle, are there any restrictions that you believe should be imposed to assure safety for the individual and for others. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. For what period of time will the person meet the attached definition of a "Qualified Person with a Disability"? \_\_\_\_\_  
\_\_\_\_\_

By signing this Certification, the undersigned physician is certifying the truth of the statements.

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone Number with Area Code

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

The undersigned patient hereby authorizes the above-referenced physician to release medical information and to discuss the contents of this Certification and the doctor's medical diagnosis and opinions with the appropriate City Officials, the City Attorney or another designated representative of the City of Mackinac Island.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date



Mackinac Island State Park Commission

PERMIT APPLICATION FOR

**ELECTRIC ASSIST TRICYCLES/BICYCLES IN MACKINAC ISLAND STATE PARK**

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

**Description of Electric Assist Cycle:**

Make	Model	Color
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The Electric Assist Cycle must not be powered by an electric motor larger than 750 watts (1HP).

Do you have an approved Certification of Disability signed by a duly licensed physician?  Yes  No

What is the approved time frame listed on the Physician Certification?  Temporary \_\_\_\_\_  
Exp. Date  
 Permanent

Do you have an Electric Assist Cycle Permit from the City of Mackinac Island?  Yes  No

City Permit #: \_\_\_\_\_

**Liability:** In filing application for Electric Assist Tricycles/Bicycles permit, the applicant assumes responsibility for injury or damage of any kind to person or property (regardless of who may own the property) arising out of or suffered through any act of commission or omission of the permittee, its employees, agents, contractors, volunteers or guests in connection with its use of Mackinac State Historic Parks (MSHP) facilities. The permittee agrees to indemnify and hold harmless the State of Michigan and Mackinac Island State Park Commission for all damages, claims, losses, expenses, or other liability due to personal injury or death, or damage to property of others, arising out of or suffered through any act or omission of the permittee, its employees, agents, contractors, volunteers or guests, in connection with its use of MSHP facilities.

All permits issued under this procedure shall be temporary and revocable permits. An issued permit may be immediately revoked by the Park Manager or designee if the Electric Assist tricycle/bicycle is being operated in an unsafe manner or in a manner to harass or intimidate others or to scare horses or is being used by an unauthorized person, or exceeds a speed of 20 miles per hour.

The below applicant certifies under penalties of law and the Mackinac Island State Park rules, that the information on this form and the information contained in the Physicians Certification of Disability is true.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF PARK MANAGER

\_\_\_\_\_  
DATE OF APPROVAL

# MIPD BICYCLE REGISTRATION FORM

Previous Bike License # \_\_\_\_\_

Owner's Last Name: \_\_\_\_\_

Bicycle Make: \_\_\_\_\_

Owner's First Name: \_\_\_\_\_

Bicycle Model: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_

Bicycle Serial No.: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Type: \_\_\_\_\_ Men's \_\_\_\_\_ Women's

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Speeds: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

1<sup>st</sup> Color: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

2<sup>nd</sup> Color: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Tires: \_\_\_\_\_ Narrow \_\_\_\_\_ Medium \_\_\_\_\_ Wide

Place of Employment: \_\_\_\_\_

Brakes: \_\_\_\_\_ Hand \_\_\_\_\_ Coaster \_\_\_\_\_ Both

Other Information About Bike: \_\_\_\_\_

Fenders: \_\_\_\_\_ Front \_\_\_\_\_ Rear \_\_\_\_\_ Both

\_\_\_\_\_

Basket: \_\_\_\_\_ Front \_\_\_\_\_ Rear \_\_\_\_\_ Both

\_\_\_\_\_