**OPDMD Deviation Request**

This form should be completed by people with mobility disabilities who wish to utilize an [Other Power-Driven Mobility Device (OPDMD)](https://www.parks.ca.gov/?page_id=31345) in the California State Park System that is not an approved device and/or on a park route that has not been approved.

Completed forms will be routed to the proper personnel for review, and you will be provided with a response. Determinations will be made within approximately 45 days upon receiving your request. If your request is approved, you will be issued a permit that is good for one year from the date of issuance.

Please begin by telling us about yourself in the fields that follow.

| **Questions** | **Responses** |
| --- | --- |
| 1. Name |  |
| 1. Phone number |  |
| 1. Street address |  |
| 1. City/State/Zip code |  |
| 1. Email |  |
| 1. Today’s date (MM/DD/YYYY) |  |
| 1. Do you have a permanent disability that requires use of the requested device for the purpose of locomotion, at the requested location(s)? (Y/N) |  |
| 1. Please provide credible assurance that the requested device is required due to your disability. Credible assurance may be provided by attaching a copy of your valid Access Pass, issued by the National Parks and Federal Recreational Lands Pass Program, a copy of valid proof of assignment of any state’s disabled parking placard to the disabled individual making this request, or other valid State-issued proof of disability. |  |
| 1. Name of [park](https://www.parks.ca.gov/ParkIndex) where you would like to use your device. Note: responses including “statewide” or “all parks” will not be considered. Please be realistic about your needs. |  |
| 1. Name of trail(s) or road(s) where you would like to use your device. Note: all requested routes will need to be evaluated for device suitability. Please be realistic about your needs. |  |
| 1. Please describe your device, including the manufacturer and model name/number, and attach a photo of your device. |  |
| 1. Overall length of your device (inches) |  |
| 1. Overall width of your device (inches) |  |
| 1. Weight of your device, not including operator (pounds) |  |
| 1. Estimated noise produced by your device (decibels) |  |
| 1. Top speed of your device during normal operation (miles per hour) |  |
| 1. Does your device produce emissions? (Y/N) |  |
| 1. If you answered yes to question #17, will your device be used on a trail or road that is closed to motor vehicles? (Y/N) |  |

**Send completed forms and attachments to:**

*By US mail*

Department of Parks and Recreation

Accessibility Division

P.O. Box 942896

Sacramento, CA 94296

*By email*

[access@parks.ca.gov](mailto:access@parks.ca.gov)

**For questions about this form, or for updates about a submitted request, please contact California State Parks Accessibility Division:**

*By telephone*

(916) 445-8949 or toll free at (800) 777-0369 extension 5

*By email*

[access@parks.ca.gov](mailto:access@parks.ca.gov)