**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. \* Indicates required question.

| **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, other valid State-issued proof of disability, or a valid doctor’s note issued to the individual making this request. |  |
| 1. Name of [park](https://www.parks.ca.gov/Find-a-Park) 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. For devices other than e-bikes/e-trikes, what is the overall length of your device (inches)\* |  |
| 1. For e-bikes/e-trikes, what is the wheelbase 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. 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)

**Privacy Notice**

Civil Code section 1798.17 requires a Privacy Notice on Collection be provided when personal information is collected from individuals. Please do not include any personal information that is not requested. Each individual has the right to review personal information maintained by this agency, unless exempted by law. You may review your records by contacting the official responsible for maintaining your information below. We will not disclose your personal information unless authorized by law.

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| --- | --- |
| Agency Name | Department of Parks and Recreation |
| Division | Accessibility Division |
| Title of official responsible for maintenance of the information | Staff Services Manager II |
| Business address of official | P.O. Box 942896, Sacramento, CA 94296-0001 |
| Contact email | [access@parks.ca.gov](mailto:access@parks.ca.gov) |
| Authority which authorizes the maintenance of the information | 28 CFR Part 35 Section 35.137 |
| The following items of information are voluntary, all others are mandatory | Street address, City/State/Zip Code, and Credible Assurance |
| The consequences, if any, of not providing all or any part of the requested information | The applicant will not be issued an OPDMD Deviation Permit |
| The principal purpose(s) within the agency for which the information is to be used | The information will be used to evaluate applicant eligibility, device compatibility, park compatibility, route compatibility, and for issuance of an OPDMD Deviation Permit |
| Known or foreseeable disclosures of the information pursuant to Civil Code section 1798.24, subdivisions (e) or (f) | Applications will be shared with the District Superintendent(s) having authority over the park unit(s) where the device will be used |