Application Received: _____
Permit Number: _____
Date Issued: _____
Issued by: _____

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
ELECTRIC PERSONAL ASSISTIVE MOBILITY DEVICE (EPAMD)

SPECIAL PERMIT APPLICATION FOR PEOPLE WITH DISABILITIES

This application is for people with disabilities who wish to bring an EPAMD into the BART system and be exempted from some of the general rules and policies adopted for non-disabled customers.

Please fill in this permit application completely. Obtain the certification from your health care professional before sending the application to BART. Incomplete applications will be returned.

Name of Applicant: _____

Street Address: _____

City, Zip: _____

Daytime Telephone(s): _____

Email: _____

Make and Model of EPAMD: _____Year of Purchase: _____

The following rules apply to the use of Electric Personal Assistive Mobility Devices (EPAMD) by people with disabilities with Special Permits:

1. EPAMDs are allowed in the system at any time.

2. EPAMDs are allowed in the first car of any train.

3. EPAMDs are not allowed on either stairs or escalators. Use the elevators to get in and out of the station and onto the platform. If an elevator is out of service, go to the next station. Do not use the stairs or escalators under any circumstances.

4. EPAMDs must be ridden at no more than a walking pace on the parts of the BART property where riding is allowed. Whether ridden or pushed, yield to pedestrians.

5. EPAMDs may not be ridden on the platforms or in the trains. EPAMDs must be turned off or in safe power assist mode, and pushed or pulled in those places. The rider must dismount before entering the elevator to the platform.

6. While on board trains, EPAMD users must secure their devices and keep them from rolling. The EPAMD user may claim the disabled seating or wheelchair space but should yield to wheelchair users.

Name of Applicant: _____

7. EPAMD must be left behind on the train in case of an evacuation.

8. EPAMDs may be parked at bicycle racks, in bicycle lockers, at motorcycle parking spaces, or in bike stations.

9. Carry and display permits issued by BART.

My signature below confirms that I have read and understand the above rules. I understand that any violation of these rules, or any unsafe use or misconduct involving my EPAMD could result in the revocation and forfeiture of my BART EPAMD Permit. Note: Your signature is also required under Health Care Professional Certification.

Applicant Signature: _____

Print Name Legibly: _____

Date of Application: _____

IN PERSON DEMONSTRATION OF RIDING ABILITY

As part of the process, people with disabilities who wish to ride their device in the stations must provide an in-person demonstration of their riding ability. After BART has received a completed application, an in-person evaluation will be scheduled.

TRANSPORTATION DISABILITY CERTIFICATION

Please list the type and identification number of a demonstration of transportation disability certified by government agency. Acceptable demonstration includes a Regional Transit Connection Discount ID card for people with disabilities, ADA Paratransit eligibility, or possession of a valid DMV Disabled Parking Permit.

Type: _____
ID #: _____
Expiration Date: _____

Submit this application by mail to EPAMD Program, Customer Access Department, San Francisco Bay Area Rapid Transit District, 300 Lakeside Drive, 16th Floor, Oakland, CA 94612. Or email a signed copy to evanloo@bart.gov. Allow up to ten (10) working days for processing. If you have questions, email evanloo@bart.gov or call Elena Van Loo at 510-874-7366.
BART reserves the right to make the final determination on an applicant's eligibility to use the EPAMD within the BART system.

Name of Applicant: _____

HEALTH CARE PROFESSIONAL CERTIFICATION

I permit the medical or other qualifying practitioner certifying this application to use an EPAMD to release the information requested to personnel from the San Francisco Bay Area Rapid Transit District for use in determining my eligibility to bring an EPAMD into the BART system, until 90 days from the date below unless I revoke this permission sooner.

Applicant Signature: _____ Date: _____

Name of Treating Licensed Health Care Professional: _____

Address of Health Care Professional: _____

City, State, Zip: _____

Phone: _____

Field of Practice or Specialty: _____

Calif. License #: _____

Please circle response questions one through three below:

1. I attest that the applicant named above has a mobility-related disability.

   Yes No Don't Know

2. I attest that the disability or medications prescribed for the applicant do not preclude the safe operation of the EPAMD within a pedestrian environment.

   Yes No Don't Know

   Note: Riding an EPAMD in the BART system requires several abilities, including but not limited to, stepping on and off a platform approximately 8" high; standing steadily; starting, stopping, controlling the speed, and steering the device by smoothly leaning forward and back.

3. I attest that the applicant uses the EPAMD as an appropriate mobility device to compensate for his/her disability and not simply as a convenience.

   Yes No Don't Know

Signature of Health Care Professional_____ Date _____

Date of latest in-person appointment with applicant _____

revised August 2017