

City of Mackinac Island Police Department

7374 Market Street, P.O. Box 188
Mackinac Island, MI 49757
Phone: 906-847-3300

MOBILITY DISABILITY ACCOMMODATION APPLICATION FOR ELECTRIC BICYCLE

Directions:

Applicants, please complete this application in full. Attach the required “credible assurance” that the device is required because of a mobility disability (a valid state-issued disability parking placard or card / a valid state-issued proof of disability / a statement from a medical provider confirming that the device is required because of a mobility disability) and photographs of the requested device as specified in Section 3. Complete applications may be presented to the Mackinac Island Police Department at [@MIPD.org](mailto: @MIPD.org), or at the address provided above. Applications must be submitted no less than 14 days prior to the applicant’s date on which the requested accommodation is needed. (Application cannot be processed without all fields completed, all attachments provided, and the applicant’s signature in Section 1 and Section 5.

1. Release of Information and Signature:

I am applying for a reasonable accommodation for a mobility disability to use an electric bicycle or tricycle in the City of Mackinac Island, Michigan. By providing this information and signature, I authorize the release of medical information provided herein and attached to the City of Mackinac Island. I certify the information is true and realize that by making a false statement on this application, I am subject to all penalties prescribed by law.

Name (First, Middle, Last)	Date of Birth	Phone Number ()
Street Address (and PO Box if applicable)	City, State, Zip	County
City, State, Zip	Dates of Requested Accommodation	Email Address
Signature of Person with Disability X	Today’s Date	Signature of Representative (if applicable) X

2. Medical Eligibility / Credible Assurance of Mobility Disability

Please initial to acknowledge each statement below:

_____ I understand and agree that operation of an electric bicycle within the City of Mackinac Island is only allowable to a qualified person with a mobility disability after verification of credible assurance and upon issuance of an accommodation and license.

_____ I understand and agree that the definition of a "qualified person with a mobility disability" is as follows: an individual who has a physical impairment that 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.

_____ I understand and agree that "credible assurance" means assurance that the device is required because of a mobility disability and may include a valid state-issued disability parking placard or card or a state-issued proof of disability. A statement from a medical provider confirming that the device is required because of a mobility disability, may also be submitted as credible assurance.

_____ I have attached to this application documentation providing Credible Assurance that my operation of the Electric Bicycle is required because of a mobility disability.

3. Electric Bicycle Information

For qualified individuals with a mobility disability, a reasonable accommodation for the act of cycling (and not as an alternative method of general transportation) within the City limits of Mackinac Island may be permitted if the use of the electric bicycle is necessary to reasonably and safely accommodate the mobility disability of that individual, and if that electric bicycle meets the following definition:

- Both two-wheeled bicycles and three-wheeled tricycles that satisfy all of the elements of the definition of "class 1 electric bicycle" contained in section 13e of the Michigan Vehicle Code, 1949 PA 300, MCL 257.13e.
- Three-wheeled tricycles that satisfy all of the elements of the definition of "class 2 electric bicycle" contained in section 13e of the Michigan Vehicle Code, 1949 PA 300, MCL 257.13e.

A. Please identify the details of the applicant's specific electric bicycle for which they are requesting a reasonable accommodation:

Brand/Make	Model	Class
Serial Number	Max Speed	Number of Wheels
Wattage	Color	Voltage

B. Please answer YES or NO to the following questions regarding the details of the applicant's specific electric bicycle for which you are requesting a reasonable accommodation:

1. _____ Does your electric bicycle have a seat or saddle for use by the rider?
2. _____ Does your electric bicycle have fully operable pedals for human propulsion?
3. _____ Does your electric bicycle have an electric motor that provides assistance only when the rider is pedaling?
4. _____ Does your electric bicycle have an electric motor that disengages or ceases to function when the electric bicycle reaches a speed of 20 miles per hour?
5. _____ Does your electric bicycle have a permanently affixed label which identifies the Class, Max Wattage, and Max Speed, of the device?
6. _____ Has your electric bicycle been modified in any way?
 - a. _____ If "YES" did the modification increase the maximum speed, increase the voltage, add a throttle, or remove seats or pedals?
 - b. _____ If "YES" did the modification increase remove or destroy a throttle?

- i. _____ If "YES" was the removal of the throttle permanent?
7. _____ Does your electric bicycle have a throttle?
- a. _____ If "YES" does your electric bicycle have three wheels?

C. ****Please attach to this application**, clear photographs of the applicant's specific electric bicycle for which they are requesting a reasonable accommodation, as specified below:

- The entire handle bar area from above.
- Profile the entire electric bicycle from both sides
- Any and all labels affixed to the frame, battery or any part of the device

4. Verification of Information Provided.

I understand that in addition to other possible legal remedies, any false statements made on this application may result in a civil municipal infraction under the City of Mackinac Island Code of Ordinances, the electric bicycle being impounded by the City of Mackinac Island Police Department, or denial of this application.

I further understand that if my application is not complete, or does not meet the requirements of Chapter 66, Article IV, Section 66-167 of the City of Mackinac Island Ordinance, this application will not be approved.

I understand that even if my application for a reasonable accommodation is granted, the City of Mackinac Island makes no guarantees that the applicant will be able to transport their electric bicycle to Mackinac Island. It is my responsibility to work with the ferry boat provider to determine whether my electric bicycle will be able to be transported to Mackinac Island.

I understand that approval of this application does not provide me with a permanent approval of such accommodation.

I understand that, if this application is approved, I must, at all times follow all local and state rules, ordinances and laws related to my use of this electric bicycle, including but not limited to, the speed limits within the City of Mackinac Island, which is a maximum speed of 15mph and 10 mph in the downtown business district.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ALL INFORMATION AND STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. EXECUTED ON _____ DAY OF _____, 20_____.

/S/ _____

(Printed _____