



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

MVR 32-6-230 11/16

COUNTY USE ONLY
LICENSE PLATE / PLACARD
NUMBER(S)

Application For Disability Access Parking Privileges

NOTICE: Return This Application To Your County Licensing Office

Form with fields for APPLICANT'S NAME, TELEPHONE NUMBER, STREET ADDRESS - PHYSICAL LOCATION, MAILING ADDRESS, CITY, COUNTY, STATE, ZIP.

Individuals with qualified disabilities must obtain a licensed physician's certification prior to the initial issuance of disability access placards and/or license plates.

Indicate below which privilege is being requested:

- DISABILITY ACCESS LICENSE PLATE(S) (to include disability access military and motorcycle plates)
DISABILITY ACCESS PLACARD(S)
TEMPORARY DISABILITY ACCESS PLACARD(S)

I certify, under penalty of perjury, that I meet the requirements necessary to receive a disability access license plate/placard.

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN) DATE

REQUIREMENTS AND PHYSICIAN'S CERTIFICATION

Disability Access license plates and placards may be issued to:

- (a) persons with a disability which limits or impairs their ability to walk; or
(b) organizations that transport persons with a disability which limits or impairs their ability to walk

As determined by a licensed physician, persons with disabilities which limit or impair their ability to walk means persons who:

- (1) Cannot walk two hundred feet without stopping to rest; or
(2) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or
(3) Are 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) Use portable oxygen; or
(5) Have 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) Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Physician, check the number(s) above representing the applicant's specific disability which limits or impairs his/her ability to walk and indicate below the length of disability if temporary.

- Long-term Disability.
Temporary Disability (period not to exceed six months). Beginning Date: Ending Date:

The undersigned affirms under penalty of perjury that the applicant listed above has the specific disability(ies) as checked above.

Form with fields for LICENSED PHYSICIAN'S SIGNATURE, TELEPHONE NUMBER, TYPE OR PRINT NAME, CITY, STATE.

DISABILITY ACCESS APPLICANT'S SELF-CERTIFICATION

I certify, under penalty of perjury, that I continue to meet the requirements for the disability access license plate/placard.

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN) DATE

See Reverse Side For Organizational Certification, Fees, Quantities, and Other Important Information