APPLICATION FOR DISABILITY ACCESS PARKING PRIVILEGES

NOTE: Return this application to your County Licensing Office.

APPLICANT'S NAME

TELEPHONE NUMBER

STREET ADDRESS - PHYSICAL LOCATION

MAILING ADDRESS

CITY COUNTY STATE ZIP

CITY 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. Individuals with long-term disabilities may self-certify their qualifying disability if they are renewing their 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) — issued only for vehicles owned by (a) persons with a disability as described below; and (b) organizations that transport persons with a disability as described below.

☐ DISABILITY ACCESS PLACARD(S) — issued only to persons with a disability, as described below, who have a LONG-TERM limitation or impairment in their ability to walk.

☐ TEMPORARY DISABILITY ACCESS PLACARD(S) — issued only to persons with a disability, as described below, who have a TEMPORARY limitation or impairment in their ability to walk (not to exceed six months).

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 (except that organizations shall not be eligible for placards).

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.

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