



# APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

(NOTE: For lost, stolen, or mutilated disabled person or disabled veteran license plates or placard, please complete an Application For Replacement Plates, Stickers, and Documents [form REG 156 available on DMV Web]).

Please check at least one of the following boxes:

- |  |        |   |        |
|--|--------|---|--------|
| <input type="checkbox"/> Permanent Parking Placard | No Fee | <input type="checkbox"/> Disabled Person License Plates | No Fee |
| <input type="checkbox"/> Temporary Parking Placard | \$6    | <input type="checkbox"/> Travel Parking Placard         | No Fee |

Travel Parking Placards are issued to applicants with **permanent** disabilities. A California resident, applying for a Travel Parking Placard, must have a permanent parking placard or disabled person or disabled veteran license plates, but not both. Travel Parking Placards are issued to non-residents for no more than 90 days and to California residents for no more that 30 days.

All applicants must complete sections **A**, **B** and **E**. Disabled Person License Plate applicants must also complete section **C**.

### A. APPLICANT'S TRUE FULL NAME (PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME	OR ORGANIZATION NAME	DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)
				Month                  Day                  Year
RESIDENCE OR ORGANIZATION ADDRESS APT/SPACE				DRIVER LICENSE/ID NUMBER (NOT REQUIRED FOR ORGANIZATIONS)
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER	
			(       )	
MAILING ADDRESS	APT/SPACE	CITY	STATE	ZIP CODE

### B. Were you ever issued Disabled Person or Disabled Veteran License Plates or a Permanent Parking Placard in California?

- YES** – A doctor's disability certification is **NOT** required, unless the placard was canceled by the department or is no longer on record. The disabled person or veteran license plates or permanent placard number is \_\_\_\_\_.
- NO** – A doctor's certification is required. The doctor must complete sections **F** and **G** on the reverse side.

### C. IF YOU ARE APPLYING FOR DISABLED PERSON LICENSE PLATES, please describe the vehicle that is registered to you on which you will put the disabled person license plates:

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	MAKE
----------------------	-------------------------------	------

### COMMERCIAL VEHICLE EXEMPTION

I am requesting an exemption from weight fees for the vehicle described above. It weighs less than 8,001 pounds unladen and is the only commercial vehicle for which I have requested this exemption.  Yes  No

### D. IMPORTANT INFORMATION – PLEASE READ

#### IT IS ILLEGAL

- To allow someone to use your placard, if you are not in the vehicle.
- For an individual to have more than one permanent placard.
- To provide false information to obtain a placard or disabled person plates.
- To possess or display a counterfeit placard.
- To alter a placard or placard identification card.
- To forge a doctor's signature.

#### IMPORTANT

- The only legal use of a placard is its display by the person to whom it is issued. The disabled person does not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the **cancellation** and **revocation** of the placard and loss of the privileges it provides.
- Placard and disabled person license plate abuse is a misdemeanor punishable by a fine of not less than \$250, not more than \$1,000, or by imprisonment in a county jail for not more than 6 months, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$1,500, for each conviction.
- To alter, forge, counterfeit or falsify a plate is a felony punishable by 16 months to 3 years in a state prison or up to 1 year in the county jail.
- A person who forges, counterfeits, falsifies or passes, attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard, or a person who displays with fraudulent intent, or causes or permits to be displayed a forged, counterfeit or false placard is guilty of a misdemeanor and upon conviction shall be punished by imprisonment in the county jail for 6 months or by a fine of not less than \$500 or more than \$1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$3,500 for each conviction.
- The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.**
- Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.

### E. APPLICANT'S SIGNATURE AND CERTIFICATION

- I have read the "Important Information" in section D and I fully understand and take responsibility for the use of the disabled person placard or plates that are issued to me.

I certify (or delcare) under penalty of perjury under the laws of the State of California that all the foregoing is true and correct. I also certify that I am a disabled person per CVC 295.5 (as defined in section F) and that I am

**Permanently** or  **Temporarily** disabled due to: \_\_\_\_\_.

EXECUTED AT (CITY, STATE)	DATE	SIGNATURE OF APPLICANT
---------------------------	------	------------------------

**F. DOCTOR'S CERTIFICATION OF DISABILITY**

A full legible description of the illness or disability must be provided for numbers 3, 4, 5, 6 and 7 below. A licensed physician, surgeon, physician's assistant, nurse practitioner, or certified nurse midwife, may certify to items 1 – 7, a licensed chiropractor may certify to items 5 – 7 only, and a licensed physician or surgeon who specializes in diseases of the eye or a licensed optometrist may only certify to item 8.

My patient \_\_\_\_\_ (PRINTED NAME OF PATIENT) meets the requirements of a disabled person found in CVC 295.5 as he or she suffers from the following:

- 1. [ ] A lung disease to the extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter or arterial oxygen tension (pO2) is less than 60 mm/Hg on room air while the person is at rest.
2. [ ] A cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based upon standards accepted by the American Heart Association.
3. [ ] A diagnosed disease or disorder which substantially impairs or interferes with mobility due to (please print):
4. [ ] A severe disability in which he or she is unable to move without the aid of an assistive device, which is due to (please print):
5. [ ] A significant limitation in the use of lower extremities due to (please print):
6. [ ] The loss, or loss of the use of one or more lower extremities. Loss of use due to (please print):
7. [ ] The loss, or loss of the use of, both hands. Loss of use due to (please print):
8. [ ] Central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.

Please check the appropriate box(es).

[ ] PERMANENT PLACARD [ ] TEMPORARY PLACARD [ ] TRAVEL PLACARD
Valid until: Month \_\_\_ Day \_\_\_ Year \_\_\_ (Cannot exceed 6 months)
Valid until: Month \_\_\_ Day \_\_\_ Year \_\_\_ (Cannot exceed 30 days for a California resident and 90 days for a non-resident.)

**G. AUTHORIZED MEDICAL PROVIDER'S SIGNATURE AND CERTIFICATION**

PRINT AUTHORIZED MEDICAL PROVIDER'S LAST NAME FIRST NAME MIDDLE NAME AUTHORIZED MEDICAL PROVIDER'S DAYTIME TELEPHONE #
AUTHORIZED MEDICAL PROVIDER'S ADDRESS CITY STATE ZIP CODE

I certify that I am a [ ] Physician [ ] Surgeon [ ] Chiropractor [ ] Optometrist [ ] Physician's Assistant [ ] Nurse Practitioner [ ] Certified Nurse Midwife and I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I also certify that I will retain information sufficient to substantiate this certification and shall make that information available for inspection by the Medical Board of California at the department's request. (CVC Section 22511.55).

EXECUTED AT (CITY, STATE) DATE
AUTHORIZED MEDICAL PROVIDER'S SIGNATURE MEDICAL LICENSE NUMBER

**H. CERTIFICATION OF READILY OBSERVABLE AND UNCONTESTED PERMANENT DISABILITY (DMV USE ONLY)**

SIGNATURE OF DMV EMPLOYEE LINE DATE STAMP

When this form is completed, it may be mailed to: DMV Placard
P.O. Box 942869
Sacramento, CA 94269-0001

or submitted to your nearest DMV office. It is recommended that you make an appointment if submitting this form to your nearest DMV office, by calling 1-800-777-0133.