BMV Use Only

Placard# _____

Plate # _____

Issue Date: _____

Exp. Date: _____

Returned#: _____

Replaced#: _____

Issued by: _____

APPLICANT'S STATEMENT OF UNDERSTANDING

I may park in a disability parking space when the vehicle is occupied by the disabled person and the vehicle is properly displaying disability plates or a placard. I understand permanent disability applications are valid until my current driver's license or state ID card expires; if I want to continue my permanent disability parking credentials beyond that expiration, I must complete the top portion of an application, mark it as Permanent Re-Issue and visit a BMV branch office or mail/fax it to the BMV main office.

MEDICAL PROVIDER'S STATEMENT

Condition is:

…Permanent …Temporary for a period of _____ months (6 months maximum)

Please check one of the following conditions:

…Cannot walk two hundred feet without stopping to rest.

…Cannot walk without the use of, or assistance from another person or the use of a brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.

…Is restricted by lung disease to such an extent that the person's forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty m/hg on room air at rest.

…Uses portable oxygen.

…Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.

…Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Is recovering from childbirth: TEMPORARY PLACARD ONLY - check appropriate box below

…Cesarean delivery – valid for 1 week following receipt of application;

…For the birth of a preterm infant, valid for _____ (specify length of time, not to exceed 6 months)

Medical Provider: … Physician … Physician's Assistant … Nurse Practitioner … Registered Nurse

Printed Name:	Date:	Medical Lic #:
Signature:	Phone:	Fax #:
Address:	21-Day Temp # Issued:	

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