



# APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

**DMV USE ONLY**

**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 (REG 156) form, available at [www.dmv.ca.gov](http://www.dmv.ca.gov).

**Attention Disabled Veterans with a 100% Disability Rating:** You may be eligible for a Disabled Veteran License Plate, which is exempt from the payment of the registration and license fees. Documentation from the Department of Veterans Affairs along with DMV form REG 256A is required – see [www.dmv.ca.gov](http://www.dmv.ca.gov) or call 1-800-777-0133.

SECTION(S) A R/O Comm. (CIRCLE)
NO. VERIFIED BY: (INITIALS & ID #)
<input type="checkbox"/> DCS ATTACHED

## A. DISABLED PERSON'S INFORMATION (PLEASE PRINT)

TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZATION NAME)						DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)			
						Month	Day	Year	
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)			APT./SPACE/STE.#	CITY	STATE	ZIP CODE	DRIVER LICENSE/ID CARD NUMBER		
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABOVE)						APT./SPACE/STE.#	CITY	STATE	ZIP CODE
						DAYTIME TELEPHONE NUMBER ( )			

## 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 DMV or is no longer on record.

The Disabled Person or Disabled Veteran License Plates or Placard number is: \_\_\_\_\_

**NO** – A doctor's certification is required. The doctor must complete Sections **F** and **G** on the reverse side.

## B. PLEASE CHECK AT LEAST ONE OF THE FOLLOWING BOXES:

**Permanent Parking Placard** *No Fee*

**Travel Parking Placard** *No Fee*

**Temporary Parking Placard** **\$6.00**  
Is this a renewal of a previously issued Temporary Parking Placard?  Yes  No. If Yes, enter the number of consecutively issued placards to you: \_\_\_\_\_

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 than 30 days.

**Disabled Person License Plates** *No Fee (see Section C)*

**NOTE:** Disabled Person License Plates can only be assigned to vehicles currently registered in the name of the qualified disabled person.

## C. DISABLED PERSON LICENSE PLATE APPLICANTS – DO NOT COMPLETE IF APPLYING FOR A PARKING PLACARD ONLY.

Please list the vehicle registered to you on which you will place the Disabled Person License Plates:

CURRENT 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. **I understand that this exemption may be used for ONE commercial vehicle only and I do not have this exemption for any other vehicles I own.**  Yes  No

## D. IMPORTANT INFORMATION – PLEASE READ

- The only legal use of a placard is its display by the person to whom it is issued. It cannot be loaned to anyone, including family members or friends and a peace officer or parking enforcement person may confiscate a placard being used for parking purposes that benefit a person other than the person to whom the placard was issued. A placard ID card identifying the placard owner is issued with every placard and should be kept with the placard owner at all times whenever the placard is in use, and presented upon request of a peace officer or a person authorized to enforce parking laws, ordinances, or regulations. The disabled person does not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the **confiscation, 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 \$4,200 for each conviction.
- 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. DMV compares its record of disability placards issued against the records of the Bureau of Vital Statistics.
- **The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.**

### IT IS ILLEGAL

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

## E. DISABLED PERSON'S SIGNATURE AND CERTIFICATION – MUST CHECK BOX AND LIST REASON.

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 also certify that I am a disabled person per California Vehicle Code (CVC) §295.5 (as defined in Section F) and that I am:  Permanently or  Temporarily disabled due to: \_\_\_\_\_

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED AT (PLACE SIGNED [CITY, STATE])	SIGNATURE OF APPLICANT	DATE
	X	

**NOTE: ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED—NO FAXES OR PHOTOCOPIES. ANY ALTERATIONS, CROSSOVERS, OR WHITEOUT WILL VOID THIS FORM (INCLUDING CHANGES WITH INITIALS) AND WILL BE RETURNED TO THE PATIENT. ORIGINAL FORMS AND MOST CURRENT VERSION IS AVAILABLE AT WWW.DMV.CA.GOV, AND AT ALL DMV OFFICES.**

**F. DOCTOR'S CERTIFICATION OF DISABILITY (PLEASE PRINT LEGIBLY)**

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 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 meets the requirements of a disabled person found in California Vehicle Code (CVC) §295.5 as he or she suffers from the following:**

PRINT DISABLED PERSON'S NAME

- 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 (pO<sub>2</sub>) 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.

**MUST CHECK THE APPROPRIATE BOX(ES).**

<input type="checkbox"/> <b>PERMANENT PLACARD</b> (CVC §22511.55)	<input type="checkbox"/> <b>TEMPORARY PLACARD</b> Valid until: Month _____ Day _____ Year _____ (Cannot exceed six months—Cannot be renewed more than six times consecutively [CVC §22511.59(b)].)	<input type="checkbox"/> <b>TRAVEL PLACARD</b> Valid until: Month _____ Day _____ Year _____ (Cannot exceed 30 days for a California resident and 90 days for a non-resident [CVC §22511.5(d)].)
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**G. AUTHORIZED MEDICAL PROVIDER'S SIGNATURE AND CERTIFICATION (IMPORTANT: ALL INFORMATION BELOW IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED TO THE PATIENT.)**

PRINT AUTHORIZED MEDICAL PROVIDER'S NAME (LAST, FIRST, MIDDLE)	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 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 §22511.55).

EXECUTED AT (CITY, STATE)	DATE
AUTHORIZED MEDICAL PROVIDER'S SIGNATURE (SIGN ONLY AFTER NAME OF PATIENT HAS BEEN PRINTED ABOVE IN SECTION F)	<b>MEDICAL LICENSE NUMBER</b>
<b>X</b>	

When this form is completed, it may be mailed to: **DMV Placard  
P.O. Box 932345  
Sacramento, CA 94232-3450** or submitted to any 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.

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

SIGNATURE OF DMV EMPLOYEE	LINE DATE STAMP
<b>X</b>	