

APPLICATION FOR DISABILITY PLATES/PLACARD

BMV ENTERED

Disability Placard or **Disability Plate(s)** **Permanent Re-Issue**
 For Plates, please attach a copy of your current registration

BMV Use Only

Applicant Name:

Placard# _____

Mailing Address:

Plate # _____

DOB:

Driver's License or ID # and Expiration Date:

Issue Date: _____

Phone:

State of Issue:

Exp. Date: _____

Returned#: _____

Replaced#: _____

Contact Name:

Issued by: _____

Applicant's Signature:

Date:

Completed forms may be processed at any BMV branch office or mailed/faxed to:

Veterans, please visit the Bureau of Veterans' Services website at <http://www.maine.gov/dvem/bvs> for information on state and federal benefits your military service may have earned you.

Bureau of Motor Vehicles
 Disability Clerk
 29 State House Station
 Augusta, ME 04333-0029

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.

TTY Users call Maine Relay 711
 FAX: (207) 624-9204
 Phone: (207) 624-9000
 Ext. 52149

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: