

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR DISABLED PERSON PARKING PERMIT**

*****SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY*****

www.flhsmv.gov/offices/

This form is not valid for more than 12 months from the date of the certifying authority's signature.

Please Print/Type below

APPLICATION BY DISABLED PERSON (See Warning Below)

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes. I further state that my physician or other certifying practitioner has completed the statement of certification below on my behalf, as required in section 320.0848, Florida Statutes.

Name of Disabled Person as printed on their Florida Driver License or Florida ID Card		Current Disabled Parking Permit Number (if applicable)		Signature of Disabled Person or Guardian of the Disabled Person	
Date of Birth	Sex	Disabled Person's E-mail Address		Disabled Person's Phone Number	Date Signed
Address			City	State	Zip
Florida Driver License or Florida ID Number: (Required for permanent and temporary parking permits unless exception is noted by physician below)				If applicable, check one of the following: <input type="checkbox"/> I am a frequent traveler. <input type="checkbox"/> I am a quadriplegic.	

PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION (See Warning Below)

TEMPORARY PERMIT: This is to certify that the applicant named above is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary specific disability(ies) checked below (2-8), the disabled person parking permit should be issued from _____ (date) through _____ (date).

PERMANENT PERMIT: This is to certify that the applicant named above is legally blind or is a disabled person with a permanent disability (ties) that limits or impairs his/her ability to walk 200 feet without stopping to rest. Specify below (2-8) either legally blind or the specific disability (ties).

DISABILITY TYPE AS DISPLAYED IN FRVIS:

- 2. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.
- 3. The need to permanently use a wheelchair.
- 4. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
- 5. Use of portable oxygen.
- 6. Restriction by 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.
- 7. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- 8. **Legally Blind (This is the only disability an Optometrist can certify.)**

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000 or both.

Certification or License No. (Required) _____ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.			LICENSED IN THE STATE OF	
Print/Type Name of Certifying Authority	Business Address	City	State	Zip
Certifying Authority Signature	Date Signed:	(Area Code)Telephone Number		

SPECIAL EXCEPTION: The severely disabled applicant named above applying for a permanent placard is unable to obtain a Florida driver license or Identification card. If the Special Exception box is checked, the certifying physician must provide his/her signature and date signed below. If the Special Exception box is checked, one of the conditions in boxes 2-8 above must also be checked.

Certifying Authority Signature:	Date Signed:
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APPLICATION BY AN ORGANIZATION (See Warning Above)

This is to certify that _____ provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of Vehicles in fleet for this purpose:	FEID NUMBER	Organization's E-mail Address		
Signature of Organization's Authorized Representative			Date Signed:	
Address:	City:	State:	Zip:	

TAX COLLECTOR USE ONLY

Agency Personnel Processing this Application	County	Agency	Date
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NOTE: For renewals and replacements only, a veteran who has been previously evaluated and certified by the United States Department of Veterans Affairs or any branch of the United States Armed Forces as permanently and totally disabled from a service-connected disability may provide a United States Department of Veterans Affairs Form Letter 27-333, or its equivalent, issued within the last 12 months in lieu of a certificate of disability.

PROVISIONS OF LAW:

Section 316.1958, Florida Statutes, provides that motor vehicles displaying a license plate or parking permit issued to a disabled person by any other state or district subject to laws of the United States, shall be recognized as a valid plate or permit, allowing such vehicle the special parking privileges in Florida, provided such other state or district grants reciprocal recognition for disabled residents of this state. All of the United States has agreed to reciprocate.

Section 320.0848, Florida Statutes, provides for the issuance of the disabled person parking permit. This section was amended to no longer allow the applicant to qualify because they are unable to walk 200 feet. This disability must be due to a condition listed in (2-8) on the reverse side of this form in the "Physician/Certifying Practitioner's Statement of Certification" section.

Section 320.0848(1)(d), Florida Statutes, provides that the department shall renew the disabled parking permit of any person certified as permanently disabled on the application if the person provides a certificate of disability issued within the last 12 months pursuant to this subsection.

RENEWAL INSTRUCTIONS:

Submit a copy of the registration for your expiring parking permit and a certificate of disability (form HSMV 83039). The form must be completed and signed by the certifying authority within the last 12 months. Send form by mail or in person to the tax collector office or license plate agency in the county where you live. For a temporary permit, submit the appropriate fees.

Please visit our online renewal site at www.GoRenew.com.

APPLICATION REQUIREMENTS:

1. The form HSMV 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section, verifying the disability. See list below for acceptable "certifying authorities".
2. A Florida driver license number or Florida identification number is required unless the authorized physician certifies that the applicant's disability is too severe to visit or be transported to an office to obtain a driver's license or identification card.
3. Fees: There is no charge for a Permanent Parking Placard. A Temporary Parking Placard is \$15.

Note: If a second Temporary Parking Placard is required within one year of the initial Temporary Parking Placard, there will be no charge. If a second Temporary Parking Placard is required outside the one year issuance, a fee of \$15 would be required.

CERTIFYING AUTHORITIES:

The "**Physician/Certifying Practitioner's Statement of Certification**" section on the reverse side of this form **MUST** be completed by **one** of the following and must include the certifying authority's license number and the name of the state where their license was issued:

- Physician licensed to practice under Chapters 458, 459 or 460, Florida Statutes, or similarly licensed by another state.
NOTE: Documentation of the physician's licensure in the other state must be submitted.
- Osteopathic Physician.
- Podiatric Physician.
- Chiropractor.
- Optometrist (for sight only).
- Physician who practices medicine in a military medical facility, state hospital, or federal prison. Indicate the facility and the address.
- Advanced registered nurse practitioner licensed under Chapter 464, under the protocol of a licensed physician.
- Physician assistant licensed to practice under Chapter 458 or Chapter 459.

MISCELLANEOUS INFORMATION:

1. Proof of identity is required when submitting this application.
2. An additional permit may be issued to a disabled person who qualifies as a frequent traveler or as a quadriplegic.
3. An organization may be issued as many disabled person parking permits as it has vehicles (that are used to transport disabled persons).
4. Temporary parking permits are issued for the time period specified by the certifying authority, not to exceed six (6) months.
5. Permits issued to disabled persons will expire in four years on the owner's birthday. Permits issued to an organization will expire in four years on June 30.
6. The permit must be hung on the rear view mirror of any vehicle used to transport the disabled person(s) while parked in a designated disabled person parking space. The permit number must be visible from the front of the vehicle.
7. It is unlawful for any person to obstruct the path of travel to an accessible parking space, curb cut, or access aisle by standing or parking a vehicle within any such designated area.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>