

# APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

## IMPORTANT INFORMATION, DISCLOSURES AND CERTIFICATIONS

Use this form to apply for a disabled person (DP) parking placard or license plates. Complete this form legibly in ink. Illegible, incomplete, and/or unsigned forms will be returned. Use an *Application for Replacement Plates, Stickers, and Documents* form (REG 156) to request replacement of a lost, stolen, or damaged placard or plates. **Attention Disabled Veterans** with a service-connected disability: You may be eligible for Disabled Veteran License Plates which exempts one vehicle from the payment of registration and license fees. Documentation from the Department of Veterans Affairs, along with a completed DMV form REG 256A is required. Visit [www.dmv.ca.gov](http://www.dmv.ca.gov) or call 1-800-777-0133 for forms and additional information.

### ELIGIBILITY

You may qualify for a DP parking placard or license plates if you have impaired mobility due to having lost use of one or more lower extremities, both hands, have a diagnosed disease that substantially impairs or interferes with mobility, or if you are unable to move without the aid of an assistive device. You may also qualify if you have specific, documented visual problems, including lower-vision or partial-sightedness, or specific cardiovascular or respiratory illnesses. (CVC §§295.5, 5007, 22511.55)

### APPROPRIATE USE OF YOUR DP PLACARD/PLATES

**With your valid DP placard or plates, you may park:**

- In parking spaces with the wheelchair symbol.
- Next to a blue or green curb for an unlimited period.
- In an area requiring a resident or merchant permit.
- In any on-street metered parking space at no charge.

You do not have to own or drive the vehicle to use the placard. You will receive a placard identification (ID) card with your placard. This ID card identifies you as the placard owner and must be kept with you at all times **whenever the placard is in use.** (*California Vehicle Code (CVC) §4461*)

Additionally:

- You must present ID and the placard ID card upon request of a peace officer or a person authorized to enforce parking laws. (CVC §§5007, 22511.56).
- Your DP placard cannot be loaned to anyone, including family members or friends, even if that person is also disabled. (CVC §4461)
- DP parking placard abuse and misuse can result in the **confiscation and cancellation** of the placard. (CVC §§4461, 22511.56)
- DP plates and/or parking placard(s) must be surrendered to DMV within 60 days of the death of the disabled person. (CVC §§5007, 22511.55)

### IT IS ILLEGAL - Punishable by fine, imprisonment or both fine and imprisonment (CVC §§22511.5, 22511.6, 22511.57)

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

**The court may also impose a civil penalty if:** a person attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard or if a person displays, with fraudulent intent, or causes or permits to be displayed, a forged, counterfeit, or false placard.

### PRIVACY NOTICE

DMV uses personal information only for the specified purposes, or purposes consistent with those purposes, unless DMV obtains your consent, or unless authorized by law or regulation.

- **CVC §§5007, 22511.55, 22511.58** allows any information contained in this application, including the medical provider substantiation, to be made available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.
- **CVC §1825(a)** allows DMV to share information with appropriate regulatory boards to conduct audits of the DP parking placard/plates program.

DMV's Privacy Policy is located at [www.dmv.ca.gov](http://www.dmv.ca.gov) under the "Privacy Policy" link at the bottom of the page.

### SECTION 1: APPLICANT OR ORGANIZATION INFORMATION

Effective January 1, 2018, California law requires applicants for an original DP parking placard or plates to submit a copy of proof of true full name and date of birth. A valid driver license (DL) or identification (ID) card is acceptable, as is any document necessary to apply for a California DL or ID card. Visit [www.dmv.ca.gov](http://www.dmv.ca.gov) or call 1-800-777-0133 for a list of acceptable documents.

### SECTION 2: TYPE OF DISABLED PERSON PARKING PLACARD(S) OR LICENSE PLATES

Temporary DP parking placard:	For temporary disabilities. Valid for up to 180 days (six months) or the date noted by your qualifying licensed medical professional, whichever timeframe is less. This placard cannot be renewed more than six times consecutively.
Permanent DP parking placard:	For permanent disabilities. Valid for two years and expires on June 30 of every odd-numbered year. You will receive two automatic renewals, covering a 4-year period. Your third renewal will require you to reapply; a new certification is not required.
Disabled DP plates:	For permanent disabilities. Can only be assigned to vehicles registered in the name of the qualified person.
DP Plate Reassignment:	For existing DP plates to be reassigned to a different vehicle.
Travel DP parking placard:	<b>For California residents</b> who currently have a DP parking placard or plates, or Disabled Veteran License Plates, but not both. <b>For nonresidents</b> who plan to travel in California and have a permanent disability and/or DP plates.

### SECTION 3: DISABLED PERSON LICENSE PLATE APPLICANTS ONLY: VEHICLE INFORMATION

DP license plates may be issued for any vehicle or motorcycle registered to a qualified person or an organization involved in the transportation of disabled persons if the vehicle is **used solely** for the purpose of transporting those persons (CVC §5007, 22511.55). **One** commercial vehicle with an **unladen weight of 8,001 pounds or less** registered to a qualified person may be exempt from payment of weight fees (CVC §9410).

### SECTIONS 5 AND 6: MEDICAL PROVIDER'S CERTIFICATION, INFORMATION, AND SIGNATURE

If the disability is related to items 4-8 in Section 6, a **complete and legible description of the illness or disability** must be provided in Section 6A with enough information to meet state law certification requirements. Descriptions that only contain abbreviations (i.e., "R60.9") or only list symptoms (e.g., "trouble walking") require further explanation. A licensed physician, surgeon, physician assistant, nurse practitioner, or certified nurse midwife, may certify to items 2-8, a licensed chiropractor may certify to items 6-8 only, a licensed podiatrist may certify to a disability related to the foot or ankle, and a licensed physician or surgeon who specializes in diseases of the eye or a licensed optometrist may only certify to item 1. The medical provider's signature may be compared to documentation filed with the appropriate regulatory agency and the medical provider may be contacted regarding this application.

**Completed applications can be submitted in person or by mail.**

#### In person:

Take this completed form to a DMV field office. *For faster service, please go online at [www.dmv.ca.gov](http://www.dmv.ca.gov) or call 1-800-777-0133 for an appointment.*

#### Mail To:

**DMV Placard**  
**P.O. Box 932345 M/S D238**  
**Sacramento, CA 94232-3450**



# APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

Use this form to apply for a disabled person (DP) parking placard(s) or license plates. **Please read all information on page one before completing this form.** Complete this form legibly in ink. Illegible or incomplete forms will be returned. Only original signatures will be accepted, no photocopies or faxes. All original DP parking placard and license plate applicants must provide acceptable proof of true full name and birth date.

## SECTION 1 — APPLICANT OR ORGANIZATION INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZATION NAME)		DATE OF BIRTH (FOR INDIVIDUALS ONLY)			
		Month	Day	Year	
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE/STE.#	DRIVER LICENSE/ID CARD NUMBER (FOR INDIVIDUALS ONLY)			
CITY	COUNTY	STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)		DAYTIME TELEPHONE NUMBER			
		( )			
CITY	COUNTY	STATE		ZIP CODE	

## SECTION 2 — TYPE OF DISABLED PERSON PARKING PLACARD(S) OR LICENSE PLATES (Check all that apply.)

- Permanent DP Parking Placard (No Fee)
- Temporary DP Parking Placard (\$6.00 Fee)
- Travel Parking DP Placard (No Fee)  
Must already have a DP Parking Placard, Disabled Veteran License Plates, or DP License Plates.
- Disabled Person License Plates (No Fee), see Section 3.  
Can only be assigned to vehicles registered in the name of the qualified person.
- Disabled Person License Plate Reassignment, see Section 3

Have you ever been issued a DP License Plate, Disabled Veteran License Plate, or a Permanent DP parking placard in California?  Yes  No

If yes, the license plate or DP parking placard number is \_\_\_\_\_. A doctor's certification is **not** required unless it was cancelled by DMV or is no longer on record, or four replacement permanent DP placards have been issued during the 2-year renewal period.

## SECTION 3 — DISABLED PERSON LICENSE PLATE APPLICANTS ONLY: VEHICLE INFORMATION

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

**For organizations – the plated vehicle is used exclusively for transporting disabled persons.**

**Commercial Vehicles – Weight Fee 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

## SECTION 4 — APPLICANT OR ORGANIZATION REPRESENTATIVE'S CERTIFICATION AND SIGNATURE

**I certify that I have read the "Important Information, Disclosures, and Certifications" on page one and I fully understand and take responsibility for the use of the Disabled Person Parking Placard and/or License Plates that are issued to me. I also certify that I am a disabled person per California Vehicle Code (CVC) §295.5 or that I am an authorized representative of the organization involved in the transportation of disabled persons and the vehicle is used for the purpose of transporting those persons per CVC §§5007(a)(3), 22511.55(a)(4). I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE OF APPLICANT OR ORGANIZATION AUTHORIZED REPRESENTATIVE	DATE
X	

## SECTION 5 — AUTHORIZED MEDICAL PROVIDER'S INFORMATION

MEDICAL PROVIDER'S NAME (LAST, FIRST, MIDDLE)		MEDICAL LICENSE NUMBER	
MEDICAL PROVIDER'S ADDRESS (INCLUDE ST. AVE, RD., CT, ETC.)		ROOM/SUITE NUMBER	DAYTIME TELEPHONE NUMBER
			( )
CITY	COUNTY	STATE	ZIP CODE

**IMPORTANT: CONTINUE TO NEXT PAGE  
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PAGES TWO AND THREE**

**APPLICATION FOR DISABLED PERSON PLACARD OR PLATES**

**Important: this is page three of the application.**  
**Both pages two and three are required in order to process the application.**

**SECTION 6 — MEDICAL PROVIDER'S CERTIFICATION OF DISABILITY**

My patient, \_\_\_\_\_, PATIENT NAME, suffers from the condition(s) below and, pursuant to CVC §295.5, is eligible for a:

- PERMANENT DP PARKING PLACARD OR LICENSE PLATE**       **TEMPORARY DP PARKING PLACARD**       **TRAVEL DP PARKING PLACARD**
- Until: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_      Until: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_
- Cannot exceed six (6) months*      *Cannot exceed 30 days for a CA resident and 90 days for a non-resident*

1.  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.
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 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.

For items 4-8, check the appropriate box(es) and **print a full and legible description** of the illness or disability in Section 6A with enough information on the applicant's disability to meet requirements in state law for certification.

*Acceptable descriptions include, but are not limited to: "Parkinson's Disease," "arthritis of ankle and foot," "congestive heart failure," or "diabetes mellitus with peripheral vascular disease." Descriptions such as "trouble walking," "back pain," "weakness," or simply an abbreviation such as "R60.9" are not acceptable. Forms with incomplete or illegible information will be returned.*

4.  A diagnosed disease or disorder which substantially impairs or interferes with mobility due to *(complete Section 6A)*:
5.  A severe disability in which the person is unable to move without the aid of an assistive device, which is due to *(complete Section 6A)*:
6.  A significant limitation in the use of lower extremities due to *(complete Section 6A)*:
7.  The loss, or loss of the use of one or more lower extremities. Loss of use due to *(complete Section 6A)*:
8.  The loss, or loss of the use of, both hands. Loss of use due to *(complete Section 6A)*:

**SECTION 6A — DESCRIPTION OF ILLNESS OR DISABILITY AS NOTED IN 4-8**

**I certify that I am an authorized and currently state licensed:**

- Physician       Surgeon       Chiropractor       Podiatrist       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 information in Sections 5 and 6 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 appropriate regulatory agency overseeing my license at the department's request.**

MEDICAL PROVIDER'S SIGNATURE	DATE
<b>X</b>	

DMV USE ONLY			
DOCUMENT	STATE/COUNTRY OF ISSUANCE	PRIOR DP PLACARD/PLATES	<input type="checkbox"/> OBSERVABLE/UNCONTESTED
CODE		SECTION(S) (CIRCLE) 2      R/O      COMM.	TECHNICIAN ID AND DATELINE STAMP
NUMBER		<input type="checkbox"/> DCS ATTACHED	