Α	LABA	AMA I	DEPAR	ΓMEN	T OF	RE	EVEN	UE
		Мот	or Veh	ICLE I	DIVIS	ION		
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COUNTY USE ONLY LICENSE PLATE / PLACARD NUMBER(S)

Application For Disability Access Parking Privileges

NOTICE: Return This Application To Your County Licensing Office es.

To Acquire Disability	Access Placard	s and/or L	icense Plate
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APPLICANT'S NAME					TELEPHONE NUM	IBER
					()	
STREET ADDRESS – PHYSICAL LOCATION			MAILING ADDRESS			
CITY COUNTY	STATE	ZIP	CITY		STATE	ZIP
Individuals with qualified disabilities placards and/or license plates. Individ disability access placards and/or lice	duals with lo	ng-term disabili	ties may self-certify t	heir qualifying dis		
Indicate below which privilege is being reque	ested:					
DISABILITY ACCESS LICENSE PLA by (a) persons with a disability as des	ATE(S) (to in					
DISABILITY ACCESS PLACARD(S impairment in their ability to walk.) — issued c	only to persons w	vith a disability, as des	scribed below, who	have a LONG-	TERM limitation o
TEMPORARY DISABILITY ACCESS limitation or impairment in their ability				ability, as described	l below, who ha	ve a TEMPORARY
I certify, under penalty of perjury, that I meet the requirements necessary to receive a disability						
access license plate/placard as listed in the section below:		APPLICANT'S SIG	NATURE (OR LEGAL GUARE	DIAN)		DATE
	BEQUIRE	MENTS AND PH	YSICIAN'S CERTIFIC	ATION		
As determined by a licensed physician, person (1) Cannot walk two hundred feet with (2) Cannot walk without the use of, of device; or (3) Are restricted by lung disease to spirometry, is less than one liter, (4) Use portable oxygen; or (5) Have a cardiac condition to the effect standards set by the American H (6) Are severely limited in their ability Physician, check the number(s) above repri- below the length of disability if temporary Long-term Disability. Temporary Disability (period not to ex-	thout stopping or assistance such an exte or the arteria extent that the leart Associat y to walk due resenting the	g to rest; or from, a brace, c nt that the perso I oxygen tension e person's function to an arthritic, no e applicant's spe	ane, crutch, another pe n's forced (respiratory) is less than 60 mm.hg onal limitations are clas eurological, or orthoped ecific disability which	erson, prosthetic de expiratory volume f on room air at rest ssified in severity as lic condition. limits or impairs h	evice, wheelchair for one second, r ; or s <u>Class III</u> or <u>Cla</u> is/her ability to	when measured by ass IV according to walk and indicate
				-		
The undersigned affirms under penalty of	perjury that	the applicant li	sted above has the sp	pecific disability(ie	es) as checked	above.
			()	TELEPHON		
LICENSED PHYSICIAN'S SI	IGNATURE			TELEPHON	E NUMBER	
TYPE OR PRINT NA	ME		CITY		ST	TATE
	DISABILITY	ACCE <u>SS APPLI</u>	CANT'S SELF-CERTIF			
I certify, under penalty of perjury, that I continue to meet the requirements for the						
disability access license plate/placard as issued for the previous period.			TURE (OR LEGAL GUARDIA)	NI)		DATE

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)

For Organizational Use. If you are an organization that transports persons with disabilities as described above, check here and DO NOT complete the Physician's Certification section.
I certify that the vehicle being registered is primarily used to transport persons with disabilities as described above:

ORGANIZATIONS ONLY

ORGANIZATION NAME AND ADDRESS				
	()		
AUTHORIZED OFFICIAL'S SIGNATURE			TELEPHONE NUMBER	

FEES, QUANTITIES AND OTHER IMPORTANT INFORMATION

- 1. Return this application to your county licensing office to acquire disability access license plates and/or disability access placards.
- Fees for disability access parking privileges: \$23.00 regular license plate fee for each private passenger automobile; \$15.00 regular license plate fee for each motorcycle plate; no charge for disability access placards.

Fees (or exemption from fees) for disability access military license plates, such as a disabled veteran disability access plate, shall be the same as the distinctive military license plate.

- Qualified applicants are entitled to one disability access plate for each motor vehicle they own. They may also obtain one disability access placard regardless of the vehicles owned by the applicant. Qualified applicants not obtaining a disability access license plate are eligible for one additional placard (for a maximum of two).
- 4. Applicants who are temporarily qualified may receive one temporary disability access placard.
- 5. Placards must be displayed in a manner which allows them to be viewed from the front and rear of the vehicle, hung from the front windshield rearview mirror, and utilized in a parking space reserved for persons with disabilities. When there is no rearview mirror, the placard shall be displayed on the dashboard. Remove the placard from sight when not parked.
- 6. Disability access license plates, placards, and temporary disability access placards are the only recognized means of identifying vehicles permitted to utilize disability access parking spaces.
- 7. Federal law requires that all states recognize disability access license plates, placards, and temporary disability access placards from all other states and countries.
- 8. A separate physician's certification is not required to obtain additional disability access license plates, placards, or temporary disability access placards.

REF	LACEMENT OI	•••		SECTION BELOW	/ FOR Y ACCESS PLATES OR	PLACARDS		
FORMER LICENSE PLATE NUMBER	FORMER LICENSE PLATE NUMBER ALABAMA DEPARTMENT OF REVENUE						RMER PLACARD NUMBER	
	MOTOR VEHICLE DIVISION							
REPLACEMENT LICENSE PLATE NUMBER	Application For Replacement						CEMENT PLACARD NUMBER	
	Disability Access License Plate and/or Placard							
				tion To Your <u>Count</u> ss Placards and/or	ty Licensing Office r License Plates.			
APPLICANT'S NAME					тт (ELEPHONE NUMBE	ĒR	
STREET ADDRESS – PHYSICAL L	OCATION			MAILING ADDRESS	;			
CITY	COUNTY	STATE	ZIP	CITY		STATE	ZIP	
		PRI	VILEGE TO BE	E REPLACED AFFI	IDAVIT			
Indicate below which pri	vilege is being	j replaced:						
	SS LICENSE P	LATE(S) (to ir	nclude disabili	ity access motorcy	/cle plates).			
	SS PLACARD(S) — for perso	ns who have a	LONG-TERM limita	ation or impairment in the	ir ability to wal	k.	
(not to exceed six r		S PLACARD	(S) — for perso	ons who have a TEN	MPORARY limitation or in	npairment in th	eir ability to walk	
I certify, under penalty of Lost Sto	perjury, that th	e disability a	ccess privileg	e indicated above	is being replaced for th	e reason cheo	ked below:	
	APPLICANT'S	SIGNATURE (OR	LEGAL GUARDIAN	4)		DA	TE	