



**Application for Maryland Parking Placards/License Plates for Individuals with a Disability**

**Please read instructions on back carefully before completing form.**

A. Requested Service: <input type="checkbox"/> Certification Card <input type="checkbox"/> Substitute Placard		Police report # of stolen permit:	
Parking Placard (blue) <input type="checkbox"/> One <input type="checkbox"/> Two	Temp. Parking Placard (red) <input type="checkbox"/> One <input type="checkbox"/> Two Disability Code 10	License Plate <input type="checkbox"/>	Jurisdiction Reported:

**B. Customer Identifying Information - Individual with a Disability**

Driver's License Number:		Date of Birth:	
Social Security # (optional):	Telephone #	E-mail Address	
First Name:	Middle Name:	Last Name:	
Residence Street Address:	City:	County:	State: Zip Code:
Mailing Street Address (if different):	City:	County:	State: Zip Code:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (optional, check all that apply) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native		

**Attention:** I/We certify the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/We understand it is illegal for anyone to park in any parking space designated for a person with a disability, other than an individual who has submitted and obtained a certification from the MVA, that authorizes the use of a designated parking space. I/We also understand that the individual who has been certified to have a disability must have a current disability certification card in his or her possession when using a disability placard or plate.

I further understand that applying for a disability placard or plate and by execution of this authorization, I give permission to my doctor to release to the Motor Vehicle Administration all medical information relative to the qualification requirements that established my eligibility to obtain the disability placard or plate. Additionally, I agree to release the MVA from any and all liability that may arise from the collection and storage of medical information, in the procurement of this application. This authorization will not expire unless all disability placards and plates in my possession are expired or I have returned all placards and plates for cancellation.

Signature of Individual with Disability or Guardian of individual with disability \_\_\_\_\_ Date \_\_\_\_\_

**C. Disability Certification Information (doctor's use only - see disability codes on back)**

Please note if your patient has a temporary disability, you should only recommend a temporary placard for a period of 1-6 months. If an extension is required, your patient can apply for an additional period of disability, for up to six months. This will require the approval of the appropriate clinician. A permanent disability status should be reserved for conditions that will not improve.

TYPE OF DISABILITY:  PERMANENT  TEMPORARY

Patient Name:	Disability Code:	Length of temporary disability (Temp. placard only) <input type="checkbox"/> 1 mo <input type="checkbox"/> 2 mo <input type="checkbox"/> 3 mo <input type="checkbox"/> 4 mo <input type="checkbox"/> 5 mo <input type="checkbox"/> 6 mo			
Reason for:					
Doctor's or Nurse Practitioner's Name (printed):			Signature		
Type of Doctor: <input type="checkbox"/> Licensed Physician <input type="checkbox"/> Licensed Chiropractor <input type="checkbox"/> Licensed Optometrist <input type="checkbox"/> Licensed Podiatrist <input type="checkbox"/> Licensed Nurse Practitioner					
Office Address:					
City:	County:	State:	Zip Code:		
Telephone Number:	E-mail Address:	Medical License No.:	State of Issue:	Expiration Date:	

**D. Vehicle Owner Information** - By signing below, I certify that I understand that my vehicle may be parked in an accessible parking space only when the individual named above is present and in possession of a current Disability Certification Card.

Vehicle - Identification Number (VIN):	Year:	Make:	Model:	Body Style:
Tag #:	Exp. Date:	Title No.:	Is the vehicle equipped with a Wheelchair Lift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Insurance Company:			Policy Number:	
Owner's Name:	Signature:		Driver's License #:	
Co-Owner's Name:	Signature:		Driver's License #:	
Owner's Street Address:	City:	County:	State:	Zip Code:

**Instructions:**

**Form Purpose:** An individual with a disability may use this form to request placards and/or license plates that will allow a vehicle in which he/she is riding to park in an accessible parking space. Two types of placards are available: Temporary Placards (red), which are valid for a period of up to 6 months; and Parking Placards (blue), which are valid for four years. An applicant may request both a parking placard and disability license plates at the same time. See the Form Completion Instructions below.

**Fee Information:**

There is not a fee for the placard(s). A request for a disability plate requires the assessment of a substitute/replacement tag fee. Please submit your completed application along with the appropriate \$20.00 fee. If requesting a disability plate and it's time to renew your vehicle registration, the registration renewal fee is also required.

**Form Completion Instructions:****Section A – Requested Service(s)**

Please check the boxes, as appropriate. An individual with a disability may apply for any combination of placards and license plates, not to exceed two in number by choosing one of the following options:

- One disability placard; or
- One disability plate; or
- Two disability placards; or
- One disability placard and one disability plate.

Note: The vehicle owner must be the individual with a disability in order to qualify for issuance of a disability plate. If the individual with the disability is not the owner or co-owner, you must apply for a disability placard.

Parking Placard (blue) - Complete Sections B and C. A doctor or licensed nurse practitioner must complete Section C (see Note below).

Temporary Parking Placard (red) - Complete Sections B and C. A doctor or licensed nurse practitioner must complete Section C (see Note below).

License Plates - Complete Sections B, C and D. A doctor or licensed nurse practitioner must complete Section C. You may only request a disability plate if the vehicle is titled in the name of the individual with a disability.

Transporters of an Individual with a disability may park in designated disability parking spaces by using the individual with disabilities parking placard. Transporters of an individual with a disability may not obtain a disability plate.

**Note:**

- A doctor's certification may not be required if the individual has a disability that meets the definition of code 6 or V.
- For a replacement placard, only complete Sections A and B. For replacement plates, complete Sections A, B and D.
- A request for a replacement disability placard or plate will require you to submit a police report number and identify the jurisdiction reported.
- For temporary placards, Disability Code 10 is to be used.

**Permanent Disability Codes 1-9**

1. Has lung disease to such an 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 at rest.	8. Has a permanent disability, that adversely impacts the ambulatory ability of the applicant and which is so severe that the person would endure a hardship or be subject to a risk of injury if the privileges accorded a person for whom a vehicle is specially registered were denied.
2. Has cardiovascular disease limitations classified in severity as Class III or Class IV according to standards set by the American Heart Association.	9. Has a permanent impairment of both eyes so that: 1) The central vision acuity is 20/200 or less in the better eye, with corrective glasses, or 2) There is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees in the better eye. (See Note C)
3. Is unable to walk 200 feet without stopping to rest.	
4. Is unable to walk 200 feet without the use of, or the assistance from, a brace, cane, crutch, another person, prosthetic device, or other assistance device.	10. <b>Temporary Placard (Red) requested</b> Disability is not permanent but would substantially impair the person's mobility or limit or impair the person's ability to walk for at least three weeks, and is so severe that the person would endure a hardship or be subject to risk of injury if the Temporary Permit was denied.
5. Requires a wheelchair for mobility.	
6. Has lost an arm, hand, foot, or leg. (See Note D)	V. (Reserved for use by veterans with 100% disability) The Veterans Administration has certified by letter that the applicant has a 100% service connected disability.
7. Has lost the use of an arm, hand, foot or leg.	

**Notes:**

- A. A licensed physician or licensed nurse practitioner may certify all qualifying conditions listed.
- B. A licensed chiropractor or podiatrist may certify disability codes 3 through 8 and 10.
- C. A licensed optometrist may certify only qualifying conditions regarding vision.
- D. The person with a disability may self-certify the conditions listed under Disability Code 6 by appearing in person with proper identification. In this situation, only the disabled person's name and Disability Code must be recorded. If, however, a doctor certifies the loss of a limb, the doctor must complete all of Section C.

**Visit your local MVA full service office or mail your application with the appropriate fees to the  
Motor Vehicle Administration • 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062. Attn: Disability Unit**



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.