

Application for Persons with Disabilities Parking Placard and/or License Plate

County Use Only	
Receipt of statutory fee acknowledged	

License plate issued	

Parking Placard(s) issued	Date
County #	Date

Complete application, submit payment (if required) in the form of a personal check, money order or cashier's check to your local County Tax Assessor-Collector's office. Do not mail cash.

- W **Disabled Person license plates displaying the International Symbol of Access (ISA) may be issued to persons with a permanent disability (limit one set of PLATES)**
- W **Parking placards may be issued to persons with a permanent or temporary disability. There is no fee for a placard issued to a person with a permanent disability, and a \$5 fee (per placard) if issued to a person with a temporary disability**
- W **Limit one [1] placard for persons with Disabled Person license plates. Limit two [2] placards for persons with no Disabled Person license plates**

Check applicable box:	
<input type="checkbox"/> One (1) Parking PLACARD	<input type="checkbox"/> Disabled Person PLATE(S)
<input type="checkbox"/> Two (2) Parking PLACARDS	<input type="checkbox"/> Disabled Person PLATE(S) and one Parking PLACARD

If you apply for a parking placard on behalf of a disabled person, include the disabled person's Driver License number (DL #) or Government-issued photo ID number (ID #) on this application. An out-of-state Driver License or ID number may be listed if the applicant is a non-resident.

Person with disability or Institution - Type or print only			
Last Name or Institution Name		First Name	Middle Initial
Address		City	State
		Zip Code	
Day Phone	DL # or ID # of Person w/ Disability	E-mail	

Statement - State law makes falsifying information on this application a third-degree felony.

Please include your Driver License number (DL #) or Government-issued photo Identification Card number (ID #) on this application. If you apply for a placard **on behalf of a person** with a disability, it is recommended that you include the disabled person's DL or ID # on this application in the field above. The DL or ID # provided on this application will be shown on the placard.

My signature indicates that I am the person with a disability listed above, or:

- making application on behalf of a person with a disability** - Include **your** DL # or ID # only if no DL or ID # is shown above
- the administrator or manager of an institution licensed to transport persons with disabilities** defined under Transportation Code §681.0032 - Driver License # _____
 Institution, facility or retirement community must list the Facility ID number issued by DADS: _____
 Printed Name _____ Signature _____

License Plates - Complete this section only if you are applying for Disabled Person license plates. For Disabled Person license plates, your annual vehicle registration and other applicable fees must be paid to your County Tax Assessor-Collector.

Year _____	Make _____	TX License Plate _____	Vehicle Identification Number _____
<input type="checkbox"/> Additional set of Disabled Person PLATES for specially equipped vehicle(s) (2 tons or less) listed below:			
Year _____	Make _____	TX License Plate _____	Vehicle Identification Number _____

Original - Customer

Copy - Tax Assessor-Collector

THIS SECTION TO BE COMPLETED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT*, PODIATRIST, OR OPTOMETRIST:

*if the applicant lives in a county with a population of 125,000 or less. Physician's Assistant (PA) may include an Advanced Practice Nurse as defined in Chapter 301, Occupations Code.

The following conditions must be met by the physician, qualifying PA, podiatrist, or optometrist:

- w Must be licensed in Texas, Arkansas, Louisiana, New Mexico, Oklahoma, or
- w Must practice medicine in a U.S. military installation based in Texas, or
- w Must practice medicine in a hospital or health facility of the U.S. Department of Veterans Affairs

I certify that _____ has a permanent, or temporary disability.
Name of person with a disability – type or print

Definitions

State law Section 681.001(2) defines a disability as a condition in which a person has

- (a) mobility problems that substantially impair the person's ability to ambulate;
- (b) visual acuity of 20/200 or less in the better eye with correcting lenses; or
- (c) visual acuity of more than 20/200 but with a limited field of vision in which the widest diameter of the visual field subtends an angle of 20 degrees or less.

State law §681.001(5) defines a mobility problem as one that substantially impairs a person's ability to ambulate, and the person:

- (a) cannot walk 200 feet without stopping to rest
- (b) cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device
- (c) cannot ambulate without a wheelchair or similar device
- (d) is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest
- (e) uses portable oxygen
- (f) 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 standards set by the American Heart Association
- (g) is severely limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; or has a disorder of the foot that, in the opinion of a person licensed to practice podiatry in this state or in a state adjacent to this state, limits or impairs the person's ability to walk; or
- (h) has a disorder of the foot that, in the opinion of a physician licensed to practice medicine in this state or in a state adjacent to this state, limits or impairs the person's ability to walk; or
- (i) has another debilitating condition that, in the opinion of a physician licensed to practice medicine in this state or a state adjacent to this state, or authorized by applicable law to practice medicine in a hospital or other health facility of the Veterans Administration, limits or impairs the person's ability to walk.

- w Blue placard issued for a permanent disability.
- w Red placard issued for a temporary disability.

Date Printed Name of Physician*, Podiatrist, or Optometrist Professional License Number

Address City State ZIP Code

Signature of Physician*, Podiatrist, or Optometrist

Notary

You must notarize the above signature unless a separate written original prescription is submitted in lieu of the notarized signature. If not notarized, the prescription must include the disabled person's name, signature of the physician*, podiatrist, or optometrist, and statements as to whether the disability is permanent or temporary.

On this date, _____ the above named physician*, podiatrist, or optometrist _____
Date Name of Physician or Podiatrist

appeared before me so that I could witness his / her signature.



Signature of Notary Printed Name of Notary

I hereby certify that I am a notary in the State of Texas, in _____ County.

My commission expires: _____
Date