



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

MVR 32-6-230 3/18

COUNTY USE ONLY
LICENSE PLATE / PLACARD
NUMBER(S)

Application For Disability Access Parking Privileges

NOTICE: Return This Application To Your County Licensing Office

APPLICANT'S NAME TELEPHONE NUMBER
STREET ADDRESS - PHYSICAL LOCATION MAILING ADDRESS
CITY COUNTY STATE ZIP CITY STATE ZIP

Individuals with qualified disabilities must obtain certification from a licensed physician, certified registered nurse practitioner, or certified nurse midwife prior to the initial issuance of disability access placards and/or license plates.

Indicate below which privilege is being requested:

- DISABILITY ACCESS LICENSE PLATE(S)
DISABILITY ACCESS PLACARD(S)
TEMPORARY DISABILITY ACCESS PLACARD(S)

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 SIGNATURE (OR LEGAL GUARDIAN) DATE

REQUIREMENTS AND CERTIFICATION

Disability Access license plates and placards may be issued to:

- (a) persons with a disability which limits or impairs their ability to walk; or
(b) organizations that transport persons with a disability which limits or impairs their ability to walk

Persons with disabilities which limit or impair their ability to walk means persons who (check all that apply):

- Cannot walk two hundred feet without stopping to rest;
Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
Are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm.hg on room air at rest;
Use portable oxygen;
Have 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;
Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Please check below the length of disability:

- Long-term Disability.
Temporary Disability (period not to exceed six months). Beginning Date: Ending Date:

The undersigned affirms under penalty of perjury that the applicant listed above has the specific disability(ies) as checked above.

* AUTHORIZED SIGNATURE TELEPHONE NUMBER
TYPE OR PRINT NAME CITY STATE ZIP

APPLICANT'S SELF-CERTIFICATION

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.

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN) DATE

See Reverse Side For Organizational Certification, Fees, Quantities, and Other Important Information

*Must be physician, certified registered nurse practitioner or certified nurse midwife signature.

ORGANIZATIONS ONLY

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:

ORGANIZATION NAME AND ADDRESS

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AUTHORIZED OFFICIAL'S SIGNATURE

TELEPHONE NUMBER

FEES, QUANTITIES AND OTHER IMPORTANT INFORMATION

1. Return this application to your county licensing office to obtain disability access license plates and/or disability access placards.
2. 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.
3. 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 disabled 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 and 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 and disability access placards from all other states and countries.
8. A separate certification is not required to obtain additional disability access license plates or disability access placards.

FORMER LICENSE PLATE NUMBER
REPLACEMENT LICENSE PLATE NUMBER

**Application For Replacement
Disability Access License Plate and/or Placard**

NOTICE: Return This Application To Your County Licensing Office

FORMER PLACARD NUMBER
REPLACEMENT PLACARD NUMBER

APPLICANT'S NAME

TELEPHONE NUMBER

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STREET ADDRESS – PHYSICAL LOCATION

MAILING ADDRESS

CITY COUNTY STATE ZIP

CITY STATE ZIP

REPLACEMENT AFFIDAVIT

Indicate below which privilege is being replaced:

- DISABILITY ACCESS LICENSE PLATE(S)** – issued only for vehicles owned by (a) persons with a disability as described below; and (b) organizations that transport persons with a disability as described below.
- DISABILITY ACCESS PLACARD(S)** – issued only to persons with a disability, as described below, who have a LONG-TERM limitation or impairment in their ability to walk.
- TEMPORARY DISABILITY ACCESS PLACARD(S)** – issued only to persons with a disability, as described below, who have a TEMPORARY limitation or impairment in their ability to walk (not to exceed six months).

I certify, under penalty of perjury, that the disability access privilege indicated above is being replaced for the reason checked below:

Lost **Stolen** **Mutilated**

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)

DATE