

PERSONS WITH DISABILITIES PARKING PRIVILEGES APPLICATION

SUBMIT COMPLETED APPLICATION TO YOUR LOCAL COUNTY MOTOR VEHICLE OFFICE.

Name of person with disability (please type or print in ink)

Address

City

State

ZIP

I certify, under penalty of perjury, that I have read and understand the Persons with Disabilities plate and placard application and usage requirements and that I am responsible for the use in conformity with Colorado Revised Statutes 42-3-204 and 42-4-1208. I further understand that violation of the requirements in the statutes referenced above may result in fines, penalties, and suspension of Persons with Disabilities placards and plates.

Printed name as it appears on identification

Signature

Secure and Verifiable ID of Applicant/Legal Guardian/Representative: (check one)

Colorado DL

Colorado ID

Other _____

ID #

Expires

DOB

The undersigned witness affirms that the applicant/legal guardian/representative signing this document presented the identification described above.

Witness Printed Name

Witness Signature

Date

This Person is Mobility Impaired as Described Below (Check one box)

Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Colorado.

- Persons who cannot walk two hundred feet without stopping to rest.
- Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
- Persons who 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 sixty mm/hg on room air or at rest.
- Persons who use portable oxygen.
- Persons who 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.
- Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

THIS FORM MUST BE COMPLETED BY A PERSON FULLY LICENSED TO PRACTICE MEDICINE IN THE STATE OF COLORADO.

Medical License number

Name of Physician / Commissioned Medical Officer / Advance Practice Nurse / Podiatrist (please type or print in ink)

Address

1551 Professional Lane Suite 200

City

Longmont

State

CO

ZIP

80501

I certify, under penalty of perjury, that the above named patient has a physical impairment complying with 23 CFR 1235. I have read and understand Colorado Revised Statute 42-3-204 and 42-4-1208 as they pertain to certifying persons with disabilities and affirm my knowledge of the contents of persons with disabilities notices and documentation made available to me pursuant to 42-3-204(5)(b), C.R.S.

This impairment is: Permanent Temporary (will last 90 days or less)

Signature of Physician / Commissioned Medical Officer / Advance Practice Nurse / Podiatrist

Phone Number

(303) 772-1600

Date

APPLICATION FOR PERSONS WITH DISABILITIES PARKING PRIVILEGES

**There is no fee for Persons with Disabilities placards.
Regular license fees and ownership taxes will be charged for disability license plates.**

OPTIONS AVAILABLE FOR PERMANENT DISABILITY

When applying for parking privileges due to a permanent disability, the applicant has the following options.
The applicant may obtain:

1. One set of license plates. (fees apply)
2. One set of license plates (fees apply) and one permanent no fee placard.
3. Up to two permanent no fee placards and no permanent license plates.

PERMANENT DISABILITY OPTION 1

- License Plates Only - A person with a disability who owns and drives a vehicle is entitled to one set of license plates to be displayed on their vehicle.
- Submit a completed application in the name of the person with a disability.
 - Secure and Verifiable Identification for the person with a disability or a Power of Attorney appointing an agent.
 - Enclose a photocopy of the title or registration to the vehicle.

PERMANENT DISABILITY OPTION 2

- License Plates and Permanent no fee Placard - A person with a disability who owns and drives a vehicle is entitled to one set of plates to be displayed on their vehicle and a placard for use when they are driven by someone else.
- Application procedure is the same as for license plates.

PERMANENT DISABILITY OPTION 3

- Permanent no fee Placard - A person with a permanent disability who does not own or who owns more than one vehicle is entitled to one placard, one placard and one plate, or two placards.
- One placard requested Two placards requested
- Submit a completed application in the name of the person with a disability.
 - A placard will be issued which is to be placed inside the vehicle of which the person with a disability is a passenger.
 - The placards are movable from one vehicle to another.

TEMPORARY DISABILITY

- Temporary no fee Placard - For persons with a **temporary** disability to the degree described on the front of this form.
- Submit a completed application in the name of the person with a disability.
 - A 90-day temporary placard will be issued which is to be placed inside the vehicle of which the person with a disability is a passenger.
 - The placard is movable from one vehicle to another.

NOTE: PLACARDS ARE ISSUED WITH A REGISTRATION RECEIPT. THE REGISTRATION RECEIPT MUST BE AVAILABLE WHEN THE PLACARD IS IN USE.