

APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

DMV USE ONLY

NOTE: For lost, stolen, or mutilated Disabled Person or Disabled Veteran License Plates or Placard, please complete an Application For Replacement Plates, Stickers, and Documents (REG 156) form, available at *www.dmv.ca.gov*. *Attention Disabled Veterans with a 100% Disability Rating*: You may be eligible for a Disabled Veteran License

Attention Disabled Veterans with a 100% Disability Rating: You may be eligible for a Disabled Veteran License Plate, which is exempt from the payment of the registration and license fees. Documentation from the Department of Veterans Affairs along with DMV form REG 256A is required – see www.dmv.ca.gov or call 1-800-777-0133.

SECTION(S) A R/O Comm. (CIRCLE) NO. VERIFIED BY: (INITIALS & ID #)

A. DISABLED PERSON'S INFORMA		NT)					
TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZAT	TION NAME)					RED FOR ORGAN	IZATIONS)
			OTATE	Month	Day	Year	
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE/STE.#	CITY	STATE	ZIP CODE	DRIVER LICEN	SE/ID CARD NUM	IBER
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABO	<i>OVE</i>) APT./SPACE/STE.#	CITY	STATE	ZIP CODE	DAYTIME TELE	PHONE NUMBER	ł
Were you ever issued Disabled Perso	on or Disabled Veter	an License Pla	tes or a Permanent P	arking Place	card in Cali	fornia?	
YES – A doctor's disability certification				-			
The Disabled Person or Disabled V	-	-	i î		ĬI		
NO – A doctor's certification is requ				verse side		·	
B. PLEASE CHECK AT LEAST ONE							
	No Fee		Parking Placard	No Fee			
			Parking Placards are iss		cante with n	ermanent di	eabilitice
L Temporary Parking Placard Is this a renewal of a previously issued	\$6.00 ued Temporary Parki		ornia resident applyin				
Placard? \Box Yes \Box No. If Yes,			nent Parking Placard or				
consecutively issued placards to you		Plates	but not both. Travel Pa				
		no moi	e than 90 days and to (California re	sidents for n	o more than	30 days
Disabled Person License Plates NOTE: Disabled Person License Pla			currently registered in	the name of	of the qualifie	ed disabled (person.
C. DISABLED PERSON LICENSE PI	LATE APPLICANTS	- DO NOT COM	IPLETE IF APPLYING	FOR A PAR	KING PLAC	ARD ONLY.	
Please list the vehicle registered to you	on which you will pla	ice the Disabled	Person License Plates	s:			
CURRENT LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION N	IUMBER		MAKE			
	COMME	RCIAL VEHICL	EXEMPTION				
I am requesting an exemption from weigh	ht fees for the vehicle	described abov	e. It weighs less than 8,	001 pounds	unladen. I u	inderstand	th <u>at</u> this
exemption may be used for ONE com	mercial vehicle only	and I do not ha	ve this exemption for	any other w	vehicles I ov	vn. 🛛 Yes	s 🗆 No
D. IMPORTANT INFORMATION – PL	EASE READ						
 The only legal use of a placard is its of 							
friends and a peace officer or parking e							
than the person to whom the placard							
kept with the placard owner at all time to enforce parking laws, ordinances, o							
 Placard abuse or misuse can result in 	-						
 Placard and Disabled Person License 		-				• .	
imprisonment in a county jail for not m							
more than \$1,500, for each conviction		· · , · · · ·		,			
• To alter, forge, counterfeit or falsify a pla	ate is a felony punisha	able by 16 month	s to 3 years in a state p	rison or up	to 1 year in t	he county ja	il.
• A person who forges, counterfeits, fals							
placard, or a person who displays with							
misdemeanor and upon conviction sha							
than \$1,000, or by both fine and impris							
Any information contained in this applic							rcement
of parking regulations. DMV compares • The plate and/or placard must be su						lausucs.	
• The plate and/or placard must be st		IT IS ILLEG		sableu per	5011.		
• To alter a placard or placard identificat	rion card	IT IS ILLEG	To forge a doctor's	signature			
 To provide false information to obtain a 		person plates.	 To possess or displ 		erfeit placard	I.	
• To allow someone to use your placard	-		For an individual to	•	•		acard.
E. DISABLED PERSON'S SIGNATUR						1	
I have read the "Important Informatio					he use of t	he Disabled	Person
Placard or Plates that are issued to m							
Section F) and that I am:					. , 0		

EXECUTED AT (PLACE SIGNED [CITY, STATE])	SIGNATURE OF APPLICANT	DATE
	X	

NOTE: ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED—NO FAXES OR PHOTOCOPIES. ANY ALTERATIONS, CROSSOVERS, OR WHITEOUT WILL VOID THIS FORM (INCLUDING CHANGES WITH INITIALS) AND WILL BE RETURNED TO THE PATIENT. ORIGINAL FORMS AND MOST CURRENT VERSION IS AVAILABLE AT WWW.DMV.CA.GOV, AND AT ALL DMV OFFICES.

F. DOCTOR'S CERTIFICATION OF DISABILITY (PLEASE PRINT LEGIBLY)

A full legible description of the illness or disability **must be provided** for numbers 3, 4, 5, 6 and 7 below. A licensed physician, surgeon, physician assistant, nurse practitioner, or certified nurse midwife, may certify to items 1–7, a licensed chiropractor may certify to items 5–7 only, and a licensed physician or surgeon who specializes in diseases of the eye or a licensed optometrist may only certify to item 8.

My patient meets the requirements of a disabled person found in California Vehicle Code (CVC) §295.5 as he or she suffers from the following:

1. 🛛	A lung disease to the extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less
	than one liter or arterial oxygen tension (pO2) is less than 60 mm/Hg on room air while the person is at rest.

- 2. A cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based upon standards accepted by the American Heart Association.
- 3. A diagnosed disease or disorder which substantially impairs or interferes with mobility due to (*please print*):
- 4. A severe disability in which he or she is unable to move without the aid of an assistive device, which is due to (*please print*):
- 5. A significant limitation in the use of lower extremities due to (*please print*):
- 6. U The loss, or loss of the use of one or more lower extremities. Loss of use due to (*please print*):
- 7. The loss, or loss of the use of, both hands. Loss of use due to (*please print*):
- 8. Central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.

MUST CHECK THE APPROPRIA	TE BOX(ES).								
D PERMANENT PLACARD	TEMPORARY PLACARD				TRAVEL PLACARD				
(CVC §22511.55)	(Cannot exceed s	ix months—Can	Year not be renewed mor	e (Canno	ot exceed 30 da	ays for a Cali			
	than six times co						VC §22511.5(d)].)		
G. AUTHORIZED MEDICAL PROVIDER'S SIGNATURE AND CERTIFICATION (IMPORTANT: <u>ALL</u> INFORMATION BELOW <u>IS REQUIRED</u> . INCOMPLETE FORMS WILL BE RETURNED TO THE PATIENT.)									
PRINT AUTHORIZED MEDICAL PROVIDER'S NA	ME (LAST, FIRST, MIDDLE)			AUTHORI (IZED MEDICAL PROV	IDER'S DAYTIME	TELEPHONE #		
AUTHORIZED MEDICAL PROVIDER'S ADDRESS	3	CI	ТҮ	I	STATE	ZIP CODE			
I certify that I am a Physician Surgeon Chiropractor Optometrist Physician Assistant Nurse Practitioner Certified Nurse Midwife and I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I also certify that I will retain information sufficient to substantiate this certification and shall make that information available for inspection by the Medical Board of California at the department's request. (CVC §22511.55).									
EXECUTED AT (CITY, STATE)				DATE					
AUTHORIZED MEDICAL PROVIDER'S SIGNATUR	E (SIGN ONLY AFTER NAM	E OF PATIENT HAS BEEN	PRINTED ABOVE IN SECTIO	V F)			MBER		
When this form is completed, it m	ay be mailed to:	DMV Placard P.O. Box 93234 Sacramento, C	-	that you	u make an appo	pintment if su	is recommended Ibmitting this form g 1-800-777-0133.		
H. CERTIFICATION OF READIL SIGNATURE OF DMV EMPLOYEE X	Y OBSERVABLE	AND UNCONTE	ESTED PERMANEN		LITY (DMV US				