STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

IMPORTANT INFORMATION, DISCLOSURES AND CERTIFICATIONS

Use this form to apply for a disabled person (DP) parking placard or license plates. Complete this form legibly in ink. Illegible, incomplete, and/or unsigned forms will be returned. Use an *Application for Replacement Plates, Stickers, and Documents* form (REG 156) to request replacement of a lost, stolen, or damaged placard or plates. **Attention Disabled Veterans** with a service-connected disability: You may be eligible for Disabled Veteran License Plates which exempts one vehicle from the payment of registration and license fees. Medical certification or documentation from a county veterans service officer, the Department of Veterans Affairs, or the United States Department of Veterans Affairs that certifies that the applicant is a disabled veteran as described in *California Vehicle Code* (CVC) §295.7, along with a completed DMV REG 256 A form is required. Visit ***dmv.ca.gov*** or call 1-800-777-0133 for forms and additional information.

ELIGIBILITY

You may qualify for a DP parking placard or license plates if you have impaired mobility due to having lost use of one or more lower extremities, both hands, have a diagnosed disease that substantially impairs or interferes with mobility, or if you are unable to move without the aid of an assistive device. You may also qualify if you have specific, documented visual problems, including lower-vision or partial-sightedness, or specific cardiovascular or respiratory illnesses. (CVC §§295.5, 5007, 22511.55)

APPROPRIATE USE OF YOUR DP PLACARD/PLATES

With your valid DP placard or plates, you may park (CVC §22511.5):

- In parking spaces with the wheelchair symbol.
- In an area requiring a resident or merchant permit.
- Next to a blue or green curb for an unlimited period.
- In any on-street metered parking space at no charge.

You do not have to own or drive the vehicle to use the placard. You will receive a placard identification (ID) card with your placard. This ID card identifies you as the placard owner and must be kept with you at all times ***whenever the placard is in use.*** (CVC §4461)

Additionally:

- You must present ID and the placard ID card upon request of a peace officer or a person authorized to enforce parking laws. (CVC §§5007, 22511.56)
- Your DP placard cannot be loaned to anyone, including family members or friends, even if that person is also disabled. (CVC §4461)
- DP parking placard abuse and misuse can result in the **confiscation *and* cancellation** of the placard. (CVC §22511.56)
- DP plates and/or parking placard(s) must be surrendered to DMV within 60 days of the death of the disabled person. (CVC §§5007, 22511.55)

IT IS ILLEGAL - Punishable by fine, imprisonment or both fine and imprisonment **(CVC §§22511.55, 22511.56, 22511.57, 22511.6)**

- To alter, forge, or counterfeit a DP parking placard or placard ID card.
- To allow someone to use your DP parking placard if you are not in the vehicle.
- For an individual to have more than one permanent DP parking placard.
- To provide false information to obtain a DP parking placard or plates.
- To forge a medical provider's signature.
- To possess or display a counterfeit DP parking placard.

The court may also impose a civil penalty if: a person attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard or if a person displays, with fraudulent intent, or causes or permits to be displayed, a forged, counterfeit, or false placard. (CVC §4463)

Notice on Collection of Personal Information: DMV collection of personal information is governed by: CA Information Practices Act, Civil Code §1798 et seq; Government Code (GC) §11015.5; CA Public Records Act GC §6250 et seq.; CA Vehicle Code §1808; Driver's Privacy Protection Act (18 United States Code §§2721-2725). The information collected will not be shared unless required or allowed by law. Except where noted, submission is mandatory for each information item on this form. DMV uses this information to process disabled person placards or plates. Failure to provide mandatory information may result in rejection of disabled person parking placard application. You have the right to review and request corrections/deletions of DMV maintained records containing your personal information. Questions about this form should be directed to DMV's Customer Service at 1-800-777-0133. For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 First Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.

SECTION 1: APPLICANT OR ORGANIZATION INFORMATION (*Proof of Legal Name/Birthdate*)

California law requires applicants to provide a copy of proof of their legal name and date of birth. A valid driver license (DL) or identification (ID) card is acceptable, or any document necessary to apply for a California DL or ID card. Visit ***dmv.ca.gov*** for a list of acceptable documents.

SECTION 2: TYPE OF DISABLED PERSON PARKING PLACARD(S) OR LICENSE PLATES

Temporary DP parking placard:	For temporary disabilities. Valid for up to 180 days or the date noted by your qualifying licensed medical professional, whichever timeframe is less. This placard cannot be renewed more than six times consecutively.
Permanent DP parking placard:	For permanent disabilities. Valid for two years and expires on June 30 of every odd-numbered year. You will receive two automatic renewals, covering a 4-year period. Your third renewal will require you to reapply; a new certification is not required.
Disabled DP plates:	For permanent disabilities. Can only be assigned to vehicles registered in the name of the qualified person.
DP Plates Reassignment:	For existing DP plates to be reassigned to a different vehicle.
Travel DP parking placard:	***For California residents*** who currently have DP Permanent parking placard or plates, or Disabled Veteran License Plates, but not both. ***For nonresidents*** who plan to travel in California and have a permanent disability and/or DP plates.

SECTION 3: DISABLED PERSON LICENSE PLATES APPLICANTS ONLY: VEHICLE INFORMATION

DP license plates may be issued for any vehicle or motorcycle registered to a qualified person or an organization involved in the transportation of disabled persons if the vehicle is **used solely** for the purpose of transporting those persons (CVC §5007, 22511.55). **One** commercial vehicle with an **unladen weight of 8,001 pounds or less** registered to a qualified person may be exempt from payment of weight fees (CVC §9410).

SECTIONS 5 AND 6: MEDICAL PROVIDER'S CERTIFICATION, INFORMATION, AND SIGNATURE

If the disability is related to items 4-8 in Section 6, a **complete and legible description of the illness or disability** must be provided in Section 6A with enough information to meet state law certification requirements. Descriptions that only contain abbreviations (i.e., "R60.9") or only list symptoms (e.g., "trouble walking") require further explanation. A licensed physician, surgeon, physician assistant, nurse practitioner, or certified nurse-midwife, may certify to items 2-8, a licensed chiropractor may certify to items 6-8 only, a licensed podiatrist may certify to a disability related to the foot or ankle, and a licensed physician or surgeon who specializes in diseases of the eye or a licensed optometrist may only certify to item 1. The medical provider's signature may be compared to documentation filed with the appropriate regulatory agency and the medical provider may be contacted regarding this application.

Completed applications can be submitted in person or by mail. Important! California law requires applicants to provide a copy of their driver's license, identification card, or other proof of their legal name/birthdate with this completed application.

In person: Visit a DMV field office. No appointment needed.
Online: ***virtual.dmv.ca.gov***

Mail To: **DMV Placard**
P.O. Box 997600 M/S D238
Sacramento, CA 95899-7600

Print Clear Form

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Please read all the information on Page 1 before completing this form.

IMPORTANT! Applicants must provide a copy of acceptable **proof of their legal name and date of birth**, such as a valid driver's license or identification card, with this application, or the application will be rejected. Only original signatures will be accepted, no photocopies or faxes. Form must be legible and completed in ink. Any alterations, crossovers, or whiteouts (including changes with initials) will void this form. Incomplete applications delay processing and will be returned.

SECTION 1 — APPLICANT OR ORGANIZATION INFORMATION *(Enclose Proof of Legal Name/Birthdate CVC 5007)*

TRUE FULL NAME *(LAST, FIRST, MIDDLE OR ORGANIZATION NAME)*

DATE OF BIRTH *(FOR INDIVIDUALS ONLY) (MM/DD/YYYY)*

PHYSICAL ADDRESS *(INCLUDE ST., AVE., RD., CT., ETC.)* | APT./SPACE/STE.#

DRIVER LICENSE/ID CARD NUMBER (*FOR INDIVIDUALS ONLY*)

CITY | COUNTY | STATE | ZIP CODE

MAILING ADDRESS *(IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)* | APT./SPACE/STE.#

TELEPHONE NUMBER ( )

CITY | COUNTY | STATE | ZIP CODE

SECTION 2 — TYPE OF DISABLED PERSON PARKING PLACARD(S) OR LICENSE PLATES *(Check all that apply.)*

☐ **Permanent DP Parking Placard** *(No Fee)*

☐ **Temporary DP Parking Placard** ***($6.00 Fee)***

☐ **Travel Parking DP Placard** *(No Fee)*

Must already have a DP Parking Placard, Disabled Veteran License Plates, or DP License Plates.

☐ **Disabled Person License Plates** *(No Fee), see Section 3. Can only be assigned to vehicles registered in the name of the qualified person.*

☐ **Disabled Person License Plates Reassignment**, see Section 3

Have you ever been issued DP License Plates, Disabled Veteran License Plates, or a Permanent DP parking placard in California?
☐ Yes ☐ No

If yes, the license plate or DP parking placard number is _____. A doctor's certification is ***not*** *required unless it was cancelled by DMV or is no longer on record, or four replacement permanent DP placards have been issued during the 2-year renewal period.*

SECTION 3 — DISABLED PERSON LICENSE PLATES APPLICANTS *ONLY*: VEHICLE INFORMATION

LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER *(VIN)* | VEHICLE MAKE | VEHICLE YEAR

For organizations – the plated vehicle is used exclusively for transporting disabled persons.

Commercial Vehicles – Weight Fee Exemption. I am requesting an exemption from weight fees for the vehicle described above. It weighs less than 8,001 pounds unladen. I understand that this exemption may be used for ONE commercial vehicle only and I do not have this exemption for any other vehicles I own. ☐ Yes ☐ No

SECTION 4 — APPLICANT OR ORGANIZATION REPRESENTATIVE'S CERTIFICATION AND SIGNATURE

I certify that I have read the "Important Information, Disclosures, and Certifications" on page one and I fully understand and take responsibility for the use of the Disabled Person Parking Placard and/or License Plates that are issued to me. I also certify that I am a disabled person per California Vehicle Code (CVC) §295.5 or that I am an authorized representative of the organization involved in the transportation of disabled persons and the vehicle is used for the purpose of transporting those persons per CVC §§5007(a)(3), 22511.55(a)(4). I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF APPLICANT OR ORGANIZATION AUTHORIZED REPRESENTATIVE
X

DATE | EMAIL ADDRESS *(OPTIONAL)*

SECTION 5 — AUTHORIZED MEDICAL PROVIDER'S INFORMATION

MEDICAL PROVIDER'S NAME *(LAST, FIRST, MIDDLE)* | MEDICAL LICENSE NUMBER

MEDICAL PROVIDER'S ADDRESS *(INCLUDE ST. AVE, RD., CT, ETC.)* | ROOM/SUITE NUMBER | DAYTIME TELEPHONE NUMBER ( )

CITY | COUNTY | STATE | ZIP CODE

IMPORTANT: CONTINUE TO NEXT PAGE

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PAGES 2 AND 3

Print Clear Form

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Important: **this is page 3 of the application.**
Both pages 2 and 3 are required in order to process the application.

SECTION 6 — MEDICAL PROVIDER'S CERTIFICATION OF DISABILITY *(Print patient name in space provided below.)*

My patient, _____, suffers from the condition(s) below and, pursuant to CVC §295.5, is eligible for a:
PATIENT NAME

☐ **PERMANENT DP PARKING PLACARD OR LICENSE PLATES**

☐ **TEMPORARY DP PARKING PLACARD**
Until: Month _____ Day _____ Year _____
Cannot exceed six (6) months

☐ **TRAVEL DP PARKING PLACARD**
Until: Month _____ Day _____ Year _____
Cannot exceed 30 days for a CA resident and 90 days for a non-resident

1. ☐ 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.
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 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.

For items 4-8, check the appropriate box(es) and **print a full and legible description** of the illness or disability in Section 6A with enough information on the applicant's disability to meet requirements in state law for certification.

Acceptable descriptions include, but are not limited to: "Parkinson's Disease," "arthritis of ankle and foot," "congestive heart failure," or "diabetes mellitus with peripheral vascular disease." Descriptions such as "trouble walking," "back pain," "weakness," or simply an abbreviation such as "R60.9" are not acceptable. Forms with incomplete or illegible information will be returned.

4. ☐ A diagnosed disease or disorder which substantially impairs or interferes with mobility due to *(complete Section 6A)*:
5. ☐ A severe disability in which the person is unable to move without the aid of an assistive device, which is due to *(complete Section 6A):*
6. ☐ A significant limitation in the use of lower extremities due to *(complete Section 6A)*:
7. ☐ The loss, or loss of the use of one or more lower extremities. Loss of use due to *(complete Section 6A)*:
8. ☐ The loss, or loss of the use of, both hands. Loss of use due to *(complete Section 6A)*:

SECTION 6A— DESCRIPTION OF ILLNESS OR DISABILITY (Not Symptoms) AS NOTED IN 4-8 ABOVE

I certify that I am an authorized and currently state licensed:

☐ **Physician** ☐ **Surgeon** ☐ **Chiropractor** ☐ **Podiatrist**
☐ **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 information in Sections 5, 6 and 6A 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 appropriate regulatory agency overseeing my license at the department's request.

MEDICAL PROVIDER'S SIGNATURE	PRINTED NAME OR STAMP	DATE
X		

DMV USE ONLY

DOCUMENT		PRIOR DP PLACARD/PLATES	☐ OBSERVABLE/UNCONTESTED
CODE	STATE/COUNTRY OF ISSUANCE	SECTION(S) *(CIRCLE)* 2 R/O COMM.	TECHNICIAN ID AND DATELINE STAMP
NUMBER		☐ DCS ATTACHED	

Print Clear Form