

## ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION Application For Disability Access Parking Privileges

COUNTY USE ONLY LICENSE PLATE / PLACARD NUMBER(S)

NOTICE: Return This Application To Your County Licensing Office

APPLICANT'S NAME					MBER
STREET ADDRESS – PHYSICAL LOCATION		MAILING ADDRESS		( )	
CITY COUNTY STATE	ZIP	CITY		STATE	ZIP
Individuals with qualified disabilities must obtain placards and/or license plates. Individuals with lo disability access placards and/or license plates.					
Indicate below which privilege is being requested:					
DISABILITY ACCESS LICENSE PLATE(S) (to in by (a) persons with a disability as described below					
DISABILITY ACCESS PLACARD(S) — issued of impairment in their ability to walk.	only to person	s with a disability, as des	scribed below, who	have a LONG-	TERM limitation or
L TEMPORARY DISABILITY ACCESS PLACARD	· /	,	ability, as described	below, who ha	ve a TEMPORARY
I certify, under penalty of perjury, that I meet the requirements necessary to receive a disability access license plate/placard.					
	APPLICANT'S	SIGNATURE (OR LEGAL GUARE	DIAN)		DATE
REQUIRE	MENTS AND	PHYSICIAN'S CERTIFIC	ATION		
<ul> <li>(a) persons with a disability which limits or impairs the (b) organizations that transport persons with a disability is presented by a licensed physician, persons with disability if temporary.</li> <li>(a) Are restricted by lung disease to such an extension of the extent that the standards set by the American Heart Association (b) Are severely limited in their ability to walk due</li> <li>(b) Cannot walk the number(s) above representing the below the length of disability.</li> <li>(c) Temporary Disability (period not to exceed six mone the size of the siz</li></ul>	ility which limit bilities which li g to rest; or e from, a brace ent that the per al oxygen tension e person's func- tion; or to an arthritic, e applicant's s	s or impairs their ability t mit or impair their ability to , cane, crutch, another pe son's forced (respiratory) on is less than 60 mm.hg ctional limitations are class neurological, or orthoped specific disability which	o walk means perso erson, prosthetic dev expiratory volume fo on room air at rest; ssified in severity as lic condition. limits or impairs hi Ending D	ons who: vice, wheelchai or one second, or <u>Class III</u> or <u>Class</u> <b>Sher ability to</b> Date:	ir, or other assistive when measured by ass IV according to walk and indicate
The undersigned affirms under penalty of perjury that	t the applican	t listed above has the sp	pecific disability(ie	s) as checked	above.
		( )			
LICENSED PHYSICIAN'S SIGNATURE			TELEPHONE	NUMBER	
				S	TATE
I certify, under penalty of perjury, that I continue to meet the requirements for the disability access license plate/placard.					

For Organizational Use. If you are an organization that transports persons with disabilities as described above, check here and <b>DO NOT</b> complete the Physician's Certification section.
I certify that the vehicle being registered is primarily used to transport persons with disabilities as described above:

ORGANIZATIONS ONLY

ORGANIZATION NAME AND ADDRESS				
	(	)		
AUTHORIZED OFFICIAL'S SIGNATURE	TELEPHONE NUMBER			

## FEES, QUANTITIES AND OTHER IMPORTANT INFORMATION

- 1. Return this application to your county licensing office to acquire disability access license plates and/or disability access placards.
- 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.

- 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 qualified 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, placards, and temporary 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, placards, and temporary disability access placards from all other states and countries.
- 8. A separate physician's certification is not required to obtain additional disability access license plates, placards, or temporary disability access placards.

REF	LACEMENT OI	•••		SECTION BELOW	/ FOR Y ACCESS PLATES OR	PLACARDS	
FORMER LICENSE PLATE NUMBER	Alabama Department of Revenue					FOF	RMER PLACARD NUMBER
	MOTOR VEHICLE DIVISION						
REPLACEMENT LICENSE PLATE NUMBER	Application For Replacement					CEMENT PLACARD NUMBER	
	Disability Access License Plate and/or Placard						
				tion To Your <u>Count</u> ss Placards and/or	ty Licensing Office r License Plates.		
APPLICANT'S NAME					тт (	ELEPHONE NUMBE	ĒR
STREET ADDRESS – PHYSICAL L	OCATION			MAILING ADDRESS	;		
CITY	COUNTY	STATE	ZIP	CITY		STATE	ZIP
		PRI	VILEGE TO BE	E REPLACED AFFI	IDAVIT		
Indicate below which pri	vilege is being	j replaced:					
	SS LICENSE P	LATE(S) (to ir	nclude disabili	ity access motorcy	/cle plates).		
	SS PLACARD(	S) — for perso	ns who have a	LONG-TERM limita	ation or impairment in the	ir ability to wal	k.
(not to exceed six r		S PLACARD	( <b>S)</b> — for perso	ons who have a TEN	MPORARY limitation or in	npairment in th	eir ability to walk
I certify, under penalty of Lost Sto	perjury, that th	e disability a	ccess privileg	e indicated above	is being replaced for th	e reason cheo	ked below:
	APPLICANT'S	SIGNATURE (OR	LEGAL GUARDIAN	4)		DA	TE