## Mississippi Disabled Parking Application (Section 27-19-56, MS Code of 1972)

Section 1 (	Certification to be Completed by	Licensed Physicia	or Nurse Practitioner		
I do hereby cert	ify that Printed Name of D		has the following condition:		
	Printed Name of L	Disabled Person			
	Address	City	State	Zip	
	Cannot Walk 200 Feet With	nout Stopping to P	Kest; or		
	Cannot Walk Without the Use of an Assistive Device; or				
	Is Restricted to Lung Disea Forced Expiratory Volume f Spirometry, is Less than Or Tension is Less than Sixty (	for One (1) Secor ne (1) Liter, or the	nd, when Measured by e Arterial Oxygen	,	
	Uses Portable Oxygen; or				
	Limitations are Classified in	a Cardiac Condition to the Extent that the Person's Functional ations are Classified in Severity as Class III or Class IV ding to Standards Set by the American Heart Association; or			
	Is Severely Limited In His/H Neurological, or Orthopedic		Due to an Arthritic,		
			Disability Should Not E	xtend Beyond	
Printed Name of Physic	ian or Nurse Practitioner				
			//	Year	
Signature of Physician of	or Nurse Practitioner				
Date	Phone Number				
Section 2 A	Application to Be Completed by T	ax Collector			
Application is he	ereby made for:		Expiration Da	ate	
	Permanent Parking Placarc	ł			
	Disabled License Tag		//	Year	
	Tag Number	Title Number	Registrant's	Name	
	Temporary Parking Placard	l (valid for not ove	er six months)		
		,	,		
	Signature of Tax Collector or Deputy		Date		
Section 3	To Be Completed by Applicant				
I hereby certify t	that the above statements are	true and correct	to the best of my know	wledge and	

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a disabled parking permit and/or disabled license plate on the condition that I will comply in all respects with the applicable Mississippi Laws and the rules and regulations hereunder.