



APPLICATION FOR DISABLED PERSON IDENTIFICATION PLACARD AND / OR DISABLED PERSON LICENSE PLATE

WARNING! PENAL CODE §37.10 PROVIDES THAT FALSIFYING A GOVERNMENTAL RECORD IS A CLASS A MISDEMEANOR UNLESS THE ACTOR'S INTENT IS TO DEFRAUD OR HARM ANOTHER IN WHICH EVENT IT IS A SECOND DEGREE FELONY.

DISABILITY STATEMENT

TO BE COMPLETED BY A PHYSICIAN:

- LICENSED TO PRACTICE MEDICINE IN TEXAS, ARKANSAS, LOUISIANA, NEW MEXICO OR OKLAHOMA
PRACTICING MEDICINE IN A U.S. MILITARY INSTALLATION IN TEXAS
PRACTICING MEDICINE IN A HOSPITAL OR OTHER HEALTH FACILITY OF THE DEPARTMENT OF VETERANS AFFAIRS
LICENSED TEXAS PODIATRIST

I certify that _____ has a disability: [] permanent or [] temporary
PRINTED NAME OF DISABLED PERSON

[] MOBILITY IMPAIRED-Mobility problem that substantially impairs a person's ability to ambulate. (BLUE PLACARD)

OR

[] NON-MOBILITY IMPAIRED-Any other permanent or temporary non-mobility disability. (RED PLACARD)

See Back of Application for Disability Definitions and Additional Information

DATE PRINTED NAME OF PHYSICIAN OR PODIATRIST PROFESSIONAL LICENSE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

Signature of Physician or Podiatrist _____

On this date, _____, the above named physician or podiatrist, _____
DATE NAME OF PHYSICIAN OR PODIATRIST

Appeared before me so that I could witness his / her signature.

SIGNATURE OF NOTARY

SEAL

PRINTED NAME OF NOTARY

I hereby certify that I am a notary in the State of Texas, in _____ County. My commission expires _____ DATE

IMPORTANT! PHYSICIAN'S OR PODIATRIST'S SIGNATURE MUST BE NOTARIZED UNLESS A SEPARATE WRITTEN ORIGINAL PRESCRIPTION IS SUBMITTED. IF A SEPARATE PRESCRIPTION IS SUBMITTED IN LIEU OF THE NOTARIZED PHYSICIAN'S SIGNATURE, THE PRESCRIPTION MUST INCLUDE THE DISABLED PERSON'S NAME, A STATEMENT AS TO WHETHER THE DISABILITY IS PERMANENT OR TEMPORARY AND WHETHER IT IS MOBILITY-RELATED AS DEFINED BY TRANSPORTATION CODE §681.001 (5) (B) OR (C), AND THE PHYSICIAN'S OR PODIATRIST'S SIGNATURE.

- Blue placards may be issued for disabilities (permanent or temporary that are mobility impaired) in which the person:
1. cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device; or
2. cannot ambulate without a wheelchair or similar device.
Red placards may be issued for any other type of disability (permanent or temporary).
Disabled Person License Plates may be issued only to persons with permanent disabilities.

THIS BLOCK FOR TAX ASSESSOR-COLLECTOR USE ONLY
LICENSE PLATE NUMBER(S) ISSUED
DISABLED PERSON PLACARD(S) ISSUED
RECEIPT OF STATUTORY FEE HEREBY ACKNOWLEDGED
TAX COLLECTOR
COUNTY
BY:
DATE DEPUTY

Application is hereby made for:

- [] Red Placard or [] Blue Placard
[] (1) Placard or [] (2) Placards
[] Disabled Person License Plate
[] Disabled Person License Plate and (one) [] Red Placard or [] Blue Placard
[] Additional Set(s) of Disabled Person License Plates for specially equipped vehicles (see back for more information)
[] Disabled Person Personalized License Plates (complete Form VTR-35-A in addition to this form)

PLACARD FEE: \$5.00
LICENSE PLATE FEE: Regular Reg. Fee

I, the undersigned, certify that I am [] disabled [] making application on behalf of a disabled person and have read the instructions on the reverse side of this application.

APPLICANT'S NAME / INSTITUTION NAME APPLICANT'S SIGNATURE / ADMINISTRATOR'S SIGNATURE

DRIVER'S LICENSE or I.D. or DHS NUMBER DATE

APPLICANT'S OR INSTITUTION'S STREET ADDRESS, CITY, STATE, AND ZIP

INFORMATION REQUIRED FOR ISSUANCE OF DISABLED PERSON LICENSE PLATES

- 1. YEAR MODEL VEHICLE MAKE VEHICLE IDENTIFICATION NUMBER LICENSE PLATE NUMBER
2. YEAR MODEL VEHICLE MAKE VEHICLE IDENTIFICATION NUMBER LICENSE PLATE NUMBER

I, the undersigned, certify that I am the owner of the above described vehicle(s) or that the vehicle(s) is / are owned by an institution that qualifies for Disabled Person License Plates. I further certify that the vehicle(s) is / are regularly operated by or for the transportation of the disabled person named in the Disability Statement above or operated by the qualified institution for transportation of a disabled resident of such institution.

VEHICLE OWNER'S NAME OR INSTITUTION NAME VEHICLE OWNER'S OR ADMINISTRATOR'S SIGNATURE DATE

****Submit both copies of this application with the applicable fees to the County Tax Assessor-Collector in the applicant's county of residence****

Applicant: Original Texas Department of Transportation • Vehicle Titles and Registration Division County: Duplicate

****Applicants should keep the Original of this application for future verification of their disabled parking credentials****

DEFINITIONS

Transportation Code §681.001(2):

"Disability" means a condition in which a person has:

- (A) Mobility problems that substantially impair the person's ability to ambulate;
- (B) Visual acuity of 20/200 or less in the better eye with correcting lenses; or
- (C) Visual acuity of more than 20/200 but with a limited field of vision in which the widest diameter of the visual field subtends an angle of 20 degrees or less.

Transportation Code §681.001(5):

"Mobility problem that substantially impairs a person's ability to ambulate" means that the person:

- (A) cannot walk 200 feet without stopping to rest;
- (B) cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device;
- (C) cannot ambulate without a wheelchair or similar device;
- (D) is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest;
- (E) uses portable oxygen;
- (F) has 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;
- (G) is severely limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; or
- (H) has a disorder of the foot that, in the opinion of a person licensed to practice podiatry in this state or in a state adjacent to this state, limits or impairs the person's ability to walk; or
- (I) has another debilitating condition that, in the opinion of a physician licensed to practice medicine in this state or a state adjacent to this state, or authorized by applicable law to practice medicine in a hospital or other health facility of the Veterans Administration, limits or impairs the person's ability to walk.

Occupations Code §202.001(4):

"Podiatry" means the treatment of or offer to treat any disease, disorder, physical injury, deformity, or ailment of the human foot by any system or method. The term includes podiatric medicine.

NOTICE

With a few exceptions, you are entitled to be informed about the information TxDOT collects about you. Texas Government Code §§552.021, 552.023, and 559.004 further entitle you to receive and review the information on request, and to request the department correct any information about you that is deemed incorrect. Please contact the TxDOT Vehicle Titles and Registration Division at 512/465-7611 for further details.

A **Permanently** Disabled Person may **only** obtain:

- Two Permanently Disabled Person Identification Placards; **OR**
- One** set of Disabled Person License Plates (one plate, if for a motorcycle) for a motor vehicle with a manufacturer's rated carrying capacity of two tons or less, and one Permanently Disabled Person Identification Placard

Additional sets of Disabled Person License Plates may be obtained for each motor vehicle with a carrying capacity of two tons or less **specialty equipped for operation by a person who has lost the use of one or both legs.

A **Temporarily** Disabled Person may **only** obtain:

- One or two Temporarily Disabled Person Identification Placards. Two placards will be validated for the **same six-month period**.

OTHER INFORMATION:

- (1) If a parking lot has color-coded disabled person parking spaces, a vehicle displaying:
 - A **Blue** placard may be parked in any space designated specifically for disabled persons.
 - A **Red** placard or Disabled Person License Plates may be parked in disabled person parking spaces that are not color-coded.
 - Disabled Person License Plates must also display a **Blue** placard to be eligible to park in blue color-coded parking spaces.
- (2) Permanently Disabled Person Identification Placards are valid for **four** years.
- (3) Temporarily Disabled Person Identification Placards are valid for six months from the date of issuance or until the end of the disability, whichever comes first. If the applicant's temporary disability ends before the expiration date indicated on the placard, the placard should be destroyed since the applicant would no longer qualify for parking privileges as a disabled person. If the applicant's disability extends for more than six months, the applicant must apply for a new identification placard at the prescribed fee.
- (4) If a Disabled Person Identification Placard is lost, the applicant must reapply to the County Tax Assessor-Collector for a new identification placard at the prescribed fee.
- (5) A person may make application for Disabled Person Identification insignia on behalf of a disabled person who does not possess a Driver's License or Identification Card issued by the Texas Department of Public Safety. The person making application **must** include their Driver's License number or Identification Card number in the space provided on the front of this application. Military personnel on active duty in Texas may show an out-of-state Driver's License number.
- (6) Disabled Person insignia are issued for the benefit of disabled persons only. If a vehicle is not being used to transport a disabled person, the vehicle **may not** be parked in areas specially designated for disabled person parking.

The department shall provide for the issuance of the specially designed license plates under Transportation Code §504.201, 504.202, or for a van or bus operated by an institution, facility, or residential retirement community for the elderly or for veterans in which a person described by §504.201(a) or 504.202(b), resides, including an institution or facility licensed under Chapter 242, 246, or 247 of the Health and Safety Code. This application must be accompanied by a written statement signed by the administrator or manager of the institution, facility, or retirement community certifying that the institution, facility, or retirement community regularly transports, as part of their services, one or more eligible persons who reside in the institution, facility, or retirement community. The Disability Statement on the front of this application is not required. A Texas Vehicle Registration Receipt must be presented for each van or bus for which disabled person identification insignia is requested.

**** SUBMIT BOTH COPIES OF THIS APPLICATION WITH APPLICABLE FEES TO THE COUNTY TAX ASSESSOR-COLLECTOR ****

