

# Disabled Parking Application For Individuals

(See important instructions on the reverse side)

**PLEASE TYPE OR PRINT CLEARLY**

## Applicant Information

Name of applicant ( <i>Last, First, Middle Initial</i> )	Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing address and Apt. No. (if applicable)	Current license plate No. (if applicable)	
City, State, ZIP Code	Registration expiration (if applicable)	

- One parking placard, no fee                       One parking placard and one set of license plates. A fee will be charged for the plates\*  
 Two parking placards, no fee  
 One disabled parking tab, no fee               One set of license plates. A fee will be charged \*  
 One parking placard and one disabled parking tab, no fee

\* The applicant must be a registered owner of the vehicle which the plates OR tab will be assigned to.

**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that unauthorized use of the placard or license plate is a traffic infraction with a monetary penalty.**

Applicant's signature	Daytime phone No.	Date
-----------------------	-------------------	------

## Physician

- PERMANENT     TEMPORARY Number of months    1  2  3  4  5  6

## TYPE OF DISABILITY

- Cannot walk two hundred feet without stopping to rest
- Is severely limited in ability to walk due to arthritic, neurological, or orthopedic condition
- Cannot walk without the use of an assistive device
- Uses portable oxygen
- Legally blind with limited mobility
- Ability to walk is restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second, or the arterial oxygen tension is less than sixty mm/hg on room air at rest
- Class III Impairment by cardiovascular disease (SEE INSTRUCTIONS ON REVERSE)
- Class IV Impairment by cardiovascular disease (SEE INSTRUCTIONS ON REVERSE)
- Has a disability resulting from an acute sensitivity to automobile emissions, which limits or impairs the ability to walk (The applicant's physician shall certify that the disability is comparable in severity to the other conditions listed above)

**I hereby certify that I am a licensed physician, as defined in WAC 308-96A-306 (1) and I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

Physician's full name	Professional Classification	Professional License No.
Physician's business address	City, State, ZIP Code	
Physician's signature (Stamped signatures not allowed)	Telephone No.	Date

**Knowingly providing false information on this application is a gross misdemeanor. The penalty is up to one year in jail and a fine of up to \$5,000 or both.**

# Instructions for completing the disabled parking application for Individuals

## Applicant Instructions

1. Complete the Applicant Information section.
2. Select your parking privilege.
  - a. For a temporary privilege, check the box for one parking placard.
  - b. For a permanent privilege, check one box listed under Applicant Information.
3. Sign and date the Applicant Information section of the application.
4. Have your physician complete the Physician section.
5. Once completed by your Physician, return it to any qualifying vehicle licensing office. (See website for restrictions.)

## Physician Instructions

1. Complete the Physician section.
2. Select applicant's parking privilege.
  - a. For a temporary privilege, check the Temporary box and indicate the number of months.
  - b. For a permanent privilege, check the Permanent box.
3. Check the appropriate condition(s) that apply.
4. Sign and date, and return to the applicant.

## Applicant Signature Requirements

For the purposes of this application, "signature" means, any memorandum, mark, or sign made with the intent to authenticate an application.

The following parties may sign on your behalf:

- a. A family member, stating their relationship to you.  
Example: Signature, Jane Doe, daughter.
- b. Someone with a Power of Attorney. Attach a notarized copy of the Power of Attorney.
- c. A legal guardian. Attach a copy of the Guardianship papers.

## Physician Information

Authorized to sign are: Chiropractor - DC; Physician & Surgeon - MD or DO; Podiatrist - DPM; Naturopath - ND; Advanced Registered Nurse Practitioner - ARNP.

(Stamped signatures not allowed)

CLASS III - Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

CLASS IV - Patients with cardiac disease resulting in an inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

## Placard Display

If you park in disabled parking, the transporting vehicle must have the placard displayed by hanging on the rearview mirror. In the absence of a mirror post, place your placard on the dashboard.

## License Plates Or Disabled Parking Tab (for qualifying plates)

Enclose a copy of your current registration. To qualify, you must be a registered owner of the vehicle that the plates will be assigned to. If you sell your vehicle, the plates must be transferred to another vehicle owned by you or surrendered to a Vehicle Licensing Office.

## Replacement

A replacement placard, plate, or disabled parking tab may be requested at most Vehicle Licensing Offices.

## Renewals of a Parking Privilege

Permanent privileges must be renewed every 5 years. You will receive renewal notice before your expiration. Temporary placards are not renewable. If the disability persists, a new completed application is required.

## Return Requirements

The placard(s), plates, and identification card must be returned to the Department of Licensing when the individual issued these privileges dies.

## Services and Parking Restrictions

- You may park, free of charge, for time periods specified on posted signs in regular street parking spaces or at parking meters. A local jurisdiction providing nonmetered, on-street parking places reserved for persons with physical disabilities may impose, by ordinance, time restrictions of no less than four hours on the use of these parking places. Parking is not permitted in areas where stopping, parking, or standing of all vehicles is prohibited or reserved for special types of vehicles (fire lanes, loading zones, metro bus lanes, etc.).
- You may request refueling service at gasoline stations for the self-service price if a passenger is not capable of fueling the vehicle for you. Stations exclusively self-service and convenience stores with remotely controlled gas pumps are exempt. No other station services are covered.

## Identification (ID) Cards

Your ID card will be mailed to you after your application is processed within two to four weeks. It must be available to law enforcement when using disabled parking.

## For more information:

- Visit [dol.wa.gov](http://dol.wa.gov).
- Call a Vehicle Licensing Office listed in the yellow pages.
- Call (360) 902-3770.

The Department of Licensing Headquarters mailing address is:

**DEPARTMENT OF LICENSING  
INDIVIDUAL WITH DISABILITIES  
PO BOX 9043  
OLYMPIA WA 98507-9043**