

## APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

**NOTE:** For lost, stolen, or mutilated Disabled Person or Disabled Veteran License Plates or Placard, please complete an Application For Replacement Plates, Stickers, and Documents (REG 156) form, available at **www.dmv.ca.gov**.

Attention Disabled Veterans with a 100% Disability Rating: You may be eligible for a Disabled Veteran License Plate, which is exempt from the payment of the registration and license fees. Documentation from the Department of Veterans Affairs along with DMV form REG 256A is required – see www.dmv.ca.gov or call 1-800-777-0133.

DMV USE ONLY						
SECTION(S) A R/O Comm	۱.					
NO. VERIFIED BY: (INITIALS & ID #)						
DCS ATTACHED						

A. DISABLED PERSON'S INFORMATION (PLEA	SE PRINT)								
TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZATION NAME)				TH (NOT REQUIRED	FOR ORGANIZAT	TIONS)			
			Month	Day	Year				
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)  APT./SPACE/	STE.# CITY	STATE	ZIP CODE	DRIVER LICENSE/II	D CARD NUMBER	R			
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABOVE) APT./SPACE/	STE.# CITY	STATE	ZIP CODE	DAYTIME TELEPHO	NE NI IMBED				
WINLING ADDITESS (IF DIFFERENT FROM FITTSIONE ADDIVE) AT 1351 ACC	31L.# CITT	SIAIL	ZIF GODE	( )	INE NOMBER				
Were you ever issued Disabled Person or Disable			_						
☐ YES – A doctor's disability certification is <b>NOT</b> r	equired, unless the plac	card was canceled by D	MV or is no	longer on reco	ord.				
	The Disabled Person or Disabled Veteran License Plates or Placard number is:								
■ NO – A doctor's certification is required. The do	<u>_</u>	tions <b>F</b> and <b>G</b> on the re	verse side.						
B. PLEASE CHECK AT LEAST ONE OF THE FO									
Permanent Parking Placard No Fee		Parking Placard	No Fee						
☐ Temporary Parking Placard \$6.00		Parking Placards are iss							
Is this a renewal of a previously issued Tempora	,	ifornia resident applying anent Parking Placard or							
Placard? Yes No. If Yes, enter the	Plates	s, but not both. Travel Par							
consecutively issued placards to you:	110 1110	ore than 90 days and to 0	California re	sidents for no m	nore than 30	) days.			
☐ Disabled Person License Plates No Fee (see NOTE: Disabled Person License Plates can only		s currently registered in	the name o	of the qualified (	disablad nar	reon			
C. DISABLED PERSON LICENSE PLATE APPLI						13011.			
Please list the vehicle registered to you on which yo				KING PLACAN	D UNLI.				
	IFICATION NUMBER	a i cison Electise i lates	MAKE						
	COMMERCIAL VEHICL	E EXEMPTION							
I am requesting an exemption from weight fees for the	e vehicle described abov	ve. It weighs less than 8,	001 pounds	unladen. I und	erstand tha	at this			
exemption may be used for <b>ONE</b> commercial vehi	cle only and I do not ha	ave this exemption for	any other v	ehicles I own.	☐ Yes [	□ №			
D. IMPORTANT INFORMATION - PLEASE READ									
<ul> <li>The only legal use of a placard is its display by the friends and a peace officer or parking enforcement than the person to whom the placard was issued. A kept with the placard owner at all times whenever to to enforce parking laws, ordinances, or regulations</li> </ul>	person may confiscate a A placard ID card identi the placard is in use, an	placard being used for fying the placard owner d presented upon reque	parking pur is issued w est of a pea	poses that ben vith every placa ce officer or a p	efit a person ard and show person author	other uld be			
<ul> <li>Placard abuse or misuse can result in the confisc</li> </ul>					-	les			
<ul> <li>Placard and Disabled Person License Plate abuse imprisonment in a county jail for not more than 6 n more than \$1,500, for each conviction.</li> </ul>	is a misdemeanor puni	shable by a fine of not I	ess than \$2	250, not more t	han \$1,000,	or by			
• To alter, forge, counterfeit or falsify a plate is a felony	punishable by 16 month	ns to 3 years in a state p	rison or up t	to 1 year in the	county jail.				
<ul> <li>A person who forges, counterfeits, falsifies or passiplacard, or a person who displays with fraudulent in misdemeanor and upon conviction shall be punished than \$1,000, or by both fine and imprisonment. The Any information contained in this application will be a of parking regulations. DMV compares its record on The plate and/or placard must be surrendered to the plate and/or plate a</li></ul>	ntent, or causes or permed by imprisonment in the court may also impose available to local public laft disability placards issumed DMV within 60 days	its to be displayed a form ne county jail for 6 month e a civil penalty of not may aw enforcement or the lo led against the records of the death of the dis	ged, counte hs or by a fi nore than \$4 cal agencies of the Burea	rfeit or false pla ne of not less t 1,200 for each o s responsible fo au of Vital Stati	acard is guilt han \$500 or conviction. or the enforce	ty of a more			
IT IS ILLEGAL									
<ul> <li>To alter a placard or placard identification card.</li> <li>To provide false information to obtain a placard or</li> <li>To allow someone to use your placard, if you are n</li> </ul>		<ul><li>To forge a doctor's s</li><li>To possess or displ</li><li>For an individual to</li></ul>	ay a counte		anent placa	ard.			
E. DISABLED PERSON'S SIGNATURE AND CER	RTIFICATION - MUST C	HECK BOX AND LIST I	REASON.						
I have read the "Important Information" in Section				he use of the	Disabled Po	erson			
Placard or Plates that are issued to me. I also cer Section F) and that I am: $\square$ Permanently or $\square$	=	-	Vehicle Co	ode (CVC) §295	5.5 (as defir	ned in			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.									
		oi Cailiornia that the f	oregoing is		ect.				
EXECUTED AT (PLACE SIGNED [CITY, STATE])	SIGNATURE OF APPLICANT			DATE					

NOTE: ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED—NO FAXES OR PHOTOCOPIES. ANY ALTERATIONS, CROSSOVERS, OR WHITEOUT WILL VOID THIS FORM (INCLUDING CHANGES WITH INITIALS) AND WILL BE RETURNED TO THE PATIENT. ORIGINAL FORMS AND MOST CURRENT VERSION IS AVAILABLE AT WWW.DMV.CA.GOV, AND AT ALL DMV OFFICES.

## F. DOCTOR'S CERTIFICATION OF DISABILITY (PLEASE PRINT LEGIBLY)

A full legible description of the illness or disability **must be provided** for numbers 3, 4, 5, 6 and 7 below. A licensed physician, surgeon, physician assistant, nurse practitioner, or certified nurse midwife, may certify to items 1–7, a licensed chiropractor may certify to items 5–7 only, and a licensed physician or surgeon who specializes in diseases of the eye or a licensed optometrist may only certify to item 8.

My patient meets the requirements of a disabled person found in California Vehicle Code (CVC) §295.5 as he or she suffers from the following:

PRINT DISABLED PERSON'S NAI	ME							
	A lung disease to the extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter <b>or</b> arterial oxygen tension (pO2) is less than 60 mm/Hg on room air while the person is at rest.							
		ent that the person's functional li e American Heart Association.	imitations	are classified in severity as class III or class IV				
3. A diagnosed dis	ease or disorder which	n substantially impairs or interferes	with mobil	ity due to (please print):				
4. A severe disabil	ity in which he or she i	s unable to move without the aid of	f an assisti	ve device, which is due to (please print):				
5. A significant lim	itation in the use of lov	ver extremities due to (please print)	):					
6. The loss, or loss	s of the use of one or r	nore lower extremities. Loss of use	due to (ple	ease print):				
7. The loss, or loss	The loss, or loss of the use of, both hands. Loss of use due to (please print):							
visual acuity tha an angle not gre	it is greater than 20/20 eater than 20 degrees.	O, but with a limitation in the field of v		ve lenses, as measured by the Snellen test, o that the widest diameter of the visual field subtends				
MUST CHECK THE API				TRAVEL BLACARD				
(CVC §22511.55)	Valid until: N (Cannot exc	RARY PLACARD  Month Day Year eed six months—Cannot be renew es consecutively [CVC §22511.59(b	ed more	Valid until: Month Day Year (Cannot exceed 30 days for a California resident and 90 days for a non-resident [CVC §22511.5(d)].				
			N (IMPOR	TANT: ALL INFORMATION BELOW IS REQUIRED.				
PRINT AUTHORIZED MEDICAL PR		NED TO THE PATIENT.) MIDDLE)		AUTHORIZED MEDICAL PROVIDER'S DAYTIME TELEPHONE #				
AUTHORIZED MEDICAL PROVIDE	R'S ADDRESS	CITY		STATE ZIP CODE				
Certified Nurse Midtrue and correct. I also	dwife and I certify (or certify that I will retain i	declare) under penalty of perjury	under the e this certif	Physician Assistant Nurse Practitioner laws of the State of California that the foregoing is fication and shall make that information available for the DATE				
	R'S SIGNATURE (SIGN ONLY AFTI	ER NAME OF PATIENT HAS BEEN PRINTED ABOVE I	N SECTION F)	MEDICAL LICENSE NUMBER				
When this form is comp	loted it may be mailed	to: DMV Placard		or submitted to any DMV office. It is recommended				
when this form is comp	ieteu, it may be malleu	P.O. Box 932345		that you make an appointment if submitting this form				
U CERTIFICATION O	E DEADUV ODGEDV	Sacramento, CA 94232-345		to your nearest DMV office, by calling 1-800-777-0133				
SIGNATURE OF DMV EMPLOYEE		ABLE AND UNCONTESTED PERM	VIANENI L	DISABILITY (DMV USE ONLY) LINE DATE STAMP				
X								