Secretary of State
Ruth Johnson

www.Michigan.gov/sos

(BRANCH USE ONLY)

☐ DISABILITY STICKER ONLY

APPLICATION FOR A DISABILITY LICENSE PLATE

Instructions: Applicants please complete and sign Part 1. Your physician, chiropractor, optometrist, nurse practitioner or physician's assistant must complete Part 2 and the certification on the back of this page. Applications cannot be processed without a signed release of information and a licensed physician, chiropractor, optometrist, nurse practitioner or physician's assistant's certification. Completed applications may be presented at any Secretary of State office or mailed to the address on the reverse side. (Keep a copy of your submitted application for your records.)

A vehicle used to transport a permanently disabled person may qualify for a disability license plate when the vehicle owner resides at the same address as the permanently disabled person. The plate may be issued for passenger type vehicles, , pickup trucks, and vans. Commercial vehicles and trailers are **not** eligible.

A physician's certification is not needed if the applicant has a permanent disability parking permit, which is not expired, or another disability plate in their name. Enter the parking permit number and its expiration date or the disability plate number.

Permanent Disability Parking Permit or Disability Plate Number: _____ **Expiration Date:** _____

Part 1: Release of Information and Signature

I am applying for a disability parking license plate as provided in Public Act 300 of 1949. I authorize the release of the medical information described below to the Michigan Department of State. I certify the information is true and realize by making a false statement on this application, I am subject to the penalties described on the reverse side.

Vehicle Owner's Name (if two names, list the disabled owner's name here)		Driver's License Number or Personal ID Number	
Street Address		Daytime Phone Number ( )	
City	State	Zip Code	County
Name of Permanently Disabled Person if Other Than Vehicle Owner (Must Reside at Same Address)		Driver's License or State ID Card Number (If None, State Age of Individual)	

Vehicle Information

Year	Make	Body Style	Vehicle Identification Number

☐ I own a van and use a wheelchair, and I am eligible for this disability license plate at half fee (**vans only**).

☐ I own a van and transport a member of my household who uses a wheelchair, and I am eligible for this disability license plate at half fee (**vans only**).

I wish to cancel the current license plate on my vehicle as credit toward the disability license plate.

Plate Number: _____ Expiration Date: _____

(Your current plate will not be cancelled until after you receive your new disability plate.)

Please allow three weeks for delivery.
License plate is not renewable when the person with the disability no longer resides in the household or is deceased.

I certify all the information is correct and I am eligible for a disability license plate.

APPLICANT'S SIGNATURE: X_____ **DATE:** _____

(Authority granted under Public Act 300 of 1949, as amended)

Part 2: Medical Eligibility Standards and Physician's Determination

Physician's Statement of Patient's Disability

The Michigan Vehicle Code [MCL 257.19a] states that a disabled person be determined by a licensed physician, chiropractor, physician's assistant, nurse practitioner, or optometrist identifying one or more of the following characteristics which affect the patient's ability to walk.

Patient's printed name: _____

Circle all letters that apply:

		Right Eye:	Left Eye:	Both Eyes:	Visual Field (in degrees):
a)	Blindness. Corrected acuity level:	20/_____	20/_____	20/_____	_____

b) An inability to walk more than **200 feet** without having to stop and rest. Please provide the diagnosis for this ambulatory disability:_____

c) Patient must use a wheelchair, walker, crutch, brace, or other ambulatory aid to walk.

Describe: _____

d) Patient has a lung disease from which the forced expiratory volume for one second, when measured by spirometry, is less than one liter, or from which the arterial oxygen tension is less than 60mm/hg of room air at rest.

e) Patient has a cardiovascular condition which measures between 3 and 4 on the New York Heart Classification Scale, or which renders the patient incapable of meeting a minimum standard for cardiovascular health established by the American Heart Association and approved by the Michigan Department of Public Health.

f) Patient has an arthritic, neurological, or orthopedic condition that **severely limits** ability to walk.

Describe: _____

g) Patient has a persistent reliance upon an oxygen source other than ordinary air.

Physician's Certification

(Please Print)

Medical License Number: _____ **Licensing State*:** _____

Physician's Name: _____ **Medical Specialty:** _____
(Physician, Chiropractor, Physician's Assistant, Nurse Practitioner or Optometrist)

Street Address: _____ **Office Telephone:** _____

City, State, ZIP: _____ **Office Fax:** _____

PHYSICIAN'S SIGNATURE: X_____ **DATE:** _____
(Physician, Chiropractor, Physician's Assistant, Nurse Practitioner, or Optometrist)

**If medical license was issued in a state other than Michigan, the physician must submit a copy of his or her medical license.*

Michigan Vehicle Code Section 257.675 Prohibits:

- Using a disability license plate to park in a space designated for the disabled unless the person with the disability is driving or being transported.
- Altering, modifying, or selling a disability parking license plate.
- Copying or forging, or using a copied or forged disability parking license plate.
- Making a false statement to obtain a disability parking license plate or committing a deception or fraud on a medical statement attesting to a disability.
- Knowingly using or displaying a disability parking license plate that has been cancelled by the Secretary of State.

A violation is a misdemeanor and punishable by a fine up to $500, or imprisonment for up to 30 days, or both.
A law enforcement officer may immediately confiscate a disability parking license plate if improper use is discovered.

Return completed application (keep a copy for your records) to any Secretary of State office or mail to:
Michigan Department of State
PO Box 30764
Lansing, MI 48909-8264

If you have any questions regarding disability license plates, please call (517) 322-1473.