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(BRANCH USE ONLY)
DISABILITY STICKER ONLY
for plate no. \_\_\_\_\_

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.

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.

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.

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.

Form with fields: Vehicle Owner's Name, Driver License Number, Street Address, Daytime Phone Number, City, State, Zip Code, County, Name of Permanently Disabled Person, Driver's License or State ID Card Number.

Vehicle Information

Form with fields: 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 four 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: \_\_\_\_\_

**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.