

(FOR DEPARTMENT USE ONLY)

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## 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 can't 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 vehicles, motorcycles, pickup trucks, and vans. Commercial vehicles and trailers aren't eligible.

A physician's certification isn't needed if the applicant has a permanent disability parking permit, which isn't 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 or state ID card 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
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I am eligible for this disability plate at half fee because my vehicle is equipped with permanently installed wheelchair lift equipment or permanently installed hand controls and:

- I use a wheelchair, or  
 I transport a member of my household who uses a wheelchair

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 isn't 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] defines "disabled person" as someone examined by a licensed physician, chiropractor, physician's assistant, nurse practitioner or optometrist and found to have one or more of the following conditions that 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.  
Describe: \_\_\_\_\_
- 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 Health & Human Services.
- 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)

*\*A copy of the physician's medical license must be submitted if it was issued in a state other than Michigan.*

**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  
Internal Services Section  
Lansing, MI 48918**

If you have any questions regarding disability license plates, please call 888-SOS-MICH (888-767-6424).