



# Disability Parking Placard Application

## Instructions

Applicants, complete and sign Part 1. A Michigan address is required. If you are not a Michigan resident, you are only eligible for a temporary disability parking placard, and a Michigan address is still required.

Your physician, chiropractor, optometrist, physician assistant or physical therapist must complete Part 2 on the second page unless you have already had a disability plate. If you have had a disability plate, provide the plate number in Part 1.

If your qualified medical professional is licensed in another state, a copy of their medical license must be submitted.

If you are applying for free parking, Part 2 cannot be completed by an optometrist.

Submit completed applications at a Secretary of State office or mailed to:

**Michigan Department of State  
Internal Services Section  
PO Box 30764  
Lansing, MI 48918**

Keep a copy of your application for your records. If you have any questions call (888) SOS-MICH or (888) 767-6424.

## Penalties

Michigan Vehicle Code Section 257.675 prohibits:

- Using a disability parking placard to park in a space designated for persons with disabilities unless the person with the disability is driving or being transported.
- Altering, modifying, or selling a disability parking placard or free parking sticker.
- Copying or forging or using a copied or forged disability parking placard or free parking sticker.
- Making a false statement to obtain a disability parking placard or free parking sticker or committing a deception or fraud on a medical statement attesting to a disability.
- Knowingly using or displaying a disability parking placard 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.

Law enforcement may confiscate a disability parking placard for improper use.

## Part 1: Applicant's release of information and signature

I am applying for a disability parking placard as provided in Public Act 300 of 1949. I authorize the release of the medical information on this application 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.

### Applicant's information:

Name: \_\_\_\_\_

Driver's license or state ID number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Michigan street address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Are you a Michigan resident? Yes No

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Have you had a Michigan disability plate?

Yes, the plate number is: \_\_\_\_\_. *Part 2 is not required when a disability plate is on file.*

No. Part 2 must be completed by a qualified medical professional.

### Signature(s):

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant is incapable of signing or is too young to sign.

Representative's signature (if presented by representative): \_\_\_\_\_

Representative's driver's license number (if presented by representative): \_\_\_\_\_

## Part 2: Medical eligibility standards and qualified medical professional's determination

Patient's name: \_\_\_\_\_

The patient's condition is: Permanent      Temporary      If temporary, estimated duration: \_\_\_\_\_ months (max of 6)

### Qualifying ambulatory disability:

The Michigan Vehicle Code [MCL 257.19a] defines a person with disabilities as someone who is determined by a licensed physician, a chiropractor, a physician assistant, a physical therapist, or an optometrist and found to have one or more of the following conditions that affect their ability to walk.

Circle all letters that apply:

- a) Blindness as determined by an optometrist, a physician, or a physician assistant.  
**Corrected acuity level** in right eye: 20/\_\_\_\_\_ left eye: 20/\_\_\_\_\_ both eyes: 20/\_\_\_\_\_ visual field: \_\_\_\_\_ degrees
- b) Inability to walk more than 200 feet without having to stop and rest. Please provide the diagnosis for this ambulatory disability: \_\_\_\_\_
- c) Inability to do both of the following:
  - i. Use one or both legs or feet.
  - ii. Walk without the use of a wheelchair, walker, crutch, brace, prosthetic, or other device, or without the assistance of another person.
- d) A lung disease from which the person's forced expiratory volume for 1 second, when measured by spirometry, is less than 1 liter, or from which the person's arterial oxygen tension is less than 60 mm/hg of room air at rest.
- e) A cardiovascular condition that causes the person to measure between 3 and 4 on the New York heart classification scale, or that renders the person incapable of meeting a minimum standard for cardiovascular health that is established by the American Heart Association and approved by the department of public health.
- f) An arthritic, neurological, or orthopedic condition that **severely limits** the person's ability to walk.
- g) The persistent reliance upon an oxygen source other than ordinary air.

### Free parking (if applicable):

*Optometrists cannot certify for free parking.*

The free parking portion is completed **only when the applicant qualifies for free parking**. To qualify, your patient must be a Michigan licensed driver, have a qualifying ambulatory disability, and also have one of the following conditions.

Circle all letters that apply:

- a) The patient cannot manage, manipulate, or insert coins, or obtain tickets or tokens in parking meters or ticket machines in parking lots or parking structures, due to the lack of fine motor control of both hands.
- b) The patient cannot reach above his or her head to a height of forty-two (42) inches from the ground, due to a lack of finger, hand, or upper extremity strength or mobility.
- c) The patient cannot approach a parking meter due to his or her use of a wheelchair or other device.
- d) The patient cannot walk more than twenty (20) feet due to an orthopedic, neurological, cardiovascular or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk (a condition requiring applicant to rest after walking 20 feet when not using a wheelchair or other ambulatory device).

### Qualified medical professional's information and certification:

*If your medical license was issued in a state other than Michigan, a copy of the medical license must be submitted.*

Medical professional's name (printed): \_\_\_\_\_

Medical specialty: \_\_\_\_\_ Medical license number: \_\_\_\_\_

Street address: \_\_\_\_\_ Office telephone: \_\_\_\_\_

City, state, ZIP code: \_\_\_\_\_ Office fax: \_\_\_\_\_

I certify that the applicant is eligible for a disability parking placard and for free parking, if applicable, as provided in state law [MCL 257.675]. I also understand that making a false statement to obtain a disability parking placard or free parking is a misdemeanor and may result in fines, imprisonment, or both.

Medical professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personally identifiable information collected on this form is limited to what's needed to complete your transaction. For other ways your information may be used, visit [Michigan.gov/SOS/policies](http://Michigan.gov/SOS/policies).