Secretary of State
Jocelyn Benson
Michigan.gov/SOS

Organization Request for Disability Parking Placards

Clear

Print

Organization information

Name of organization: _____ FEIN: _____

Phone number: _____ Email: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Describe the transportation services your organization provides to persons with disabilities:

Disability placard quantity

You may request no more than one disability parking placard per vehicle used to transport clients.

Provide the number of disability parking placards you are requesting: _____

If you are requesting more than twenty disability parking placards, you must attach a statement justifying the number.

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.

If the organization ceases to provide specialized services to persons with disabilities, the disability parking placard(s) **must** be returned to the Secretary of State for cancellation.

Certification by organization officer

I am applying for a disability parking placard as provided in Public Act 300 of 1949. I certify the above information is true and understand that making a false statement to obtain a disability parking placard is a misdemeanor and may result in fines, imprisonment, or both.

Signature: _____ Date: _____

Printed name: _____ Driver's license number: _____

Position (title) within organization: _____

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.

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 mi.gov/sos/policies.