



# Application for a Disability Plate

## Instructions

Vehicle owners, complete and sign Part 1. A disability plate may be used for passenger vehicles, motorcycles, pickup trucks, and vans owned by a person with a permanent disability. Commercial vehicles and trailers aren't eligible. A vehicle used to transport a person with a permanent disability may qualify for a disability plate when the vehicle owner resides at the same address as the person with the permanent disability.

A physician, chiropractor, optometrist, physician assistant or physical therapist must complete Part 2 on the second page unless you have already had a disability plate or a permanent disability parking placard. If you have had a disability plate or permanent disability parking placard, provide the plate or placard number in Part 1. If your qualified medical professional is licensed in another state, a copy of their medical license must be submitted.

There is no replacement plate fee for a first-time standard white disability plate or for a veteran disability plate. The fee is \$10.00 to replace a fundraising or special cause plate, or \$5.00 to replace any other type of plate. If you are applying by mail, make your check or money order payable to the State of Michigan.

Submit completed applications at a Secretary of State office or mail to: **Michigan Department of State, Internal Services Section, PO Box 30764, Lansing, MI 48918**. Keep a copy of your application for your records. Allow four weeks for delivery. If you have any questions call (888) SOS-MICH or (888) 767-6424.

## Part 1: Vehicle owner's release of information and signature

Vehicle owner's name: \_\_\_\_\_

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

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

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

**If you do not have a qualifying disability but live with someone who does, provide that person's information:**  
*The plate isn't renewable when the person with the disability no longer resides in the household or is deceased.*

Name of person with the disability: \_\_\_\_\_

Driver's license or state ID number (if none, state the age of the person): \_\_\_\_\_

### Have you had a Michigan disability plate or permanent disability parking placard?

*Part 2 is not required if the person with the disability has had a disability plate or permanent disability placard.*

Yes, the plate or placard number is: \_\_\_\_\_.

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

### Vehicle information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Body style: \_\_\_\_\_

Vehicle identification number (VIN): \_\_\_\_\_

If you have a current plate on your vehicle that you would like to use as credit toward the disability plate, provide the plate number. *Renewal fees are owed if the plate's registration is expired or within 30 days of expiration.*

Plate number: \_\_\_\_\_

If your vehicle is equipped with permanently installed wheelchair lift equipment or permanently installed hand controls and one of the following is true, your vehicle is eligible for a 50% reduction of registration fees. Please select one:

I use a wheelchair

I transport a member of my household who uses a wheelchair

### Signature:

I am applying for a disability plate as provided in Public Act 300 of 1949. I authorize the release of the medical information on this form 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 page 2 of this form.

Vehicle owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

### 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:
- Use one or both legs or feet.
  - 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.

### 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 person listed on this form is eligible for a disability plate as provided in state law [MCL 257.675]. I also understand that making a false statement to obtain a disability plate is a misdemeanor and may result in fines, imprisonment, or both.

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

### Penalties

Michigan Vehicle Code Section 257.675 prohibits:

- Using a disability plate 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 plate.
- Copying or forging or using a copied or forged disability plate.
- Making a false statement to obtain a disability plate or committing a deception or fraud on a medical statement attesting to a disability.
- Knowingly using or displaying a disability 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.

Law enforcement may confiscate a disability plate for improper use.

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).