Secretary of State
Jocelyn Benson
Michigan.gov/SOS

Application for a Disability Plate

Clear

Print

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 to replace a fundraising or special cause plate, or $5 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:

   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.

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 mi.gov/sos/policies.