



Texas Department
of Motor Vehicles

Application for Persons with Disabilities Parking Placard and/or License Plate

County Use Only Receipt of statutory fee acknowledged	

License plate issued	

Parking Placard(s)	
_____	_____
County #	Date

Complete application and submit payment (if required) by personal check, money order or cashier's check to your local County Tax Assessor-Collector's office. Do not mail cash. Include a copy of the applicant's photo ID if mailing the application.

IMPORTANT: The signature of the Licensed Medical Professional must be notarized on the Disability Statement on page 2 if an original prescription is not submitted. If an original prescription is submitted, it must include the disabled person's name, the signature of the medical professional (as defined on page 2), and a statement if the disability is permanent or temporary.

- A **parking placard** may be issued to persons with a permanent or temporary disability. There is no fee for a placard issued to a person with a permanent disability, and a \$5 fee (per placard) if issued to a person with a temporary disability.
- Disabled Person **license plates** displaying the International Symbol of Access (ISA) may be issued to persons with a permanent disability (limit one set of plates).
- Limit one (1) placard for persons with Disabled Person license plates. Limit two (2) placards for persons with no Disabled Person license plates.
- Active duty U.S. military may list an out-of-state DL # or military ID #.
- Non-Texas residents seeking medical treatment in Texas may list an out-of-state or country DL or ID #.

APPLICATION TYPE - Check one			
<input type="checkbox"/> One (1) Parking Placard		<input type="checkbox"/> Disabled Person License Plate(s)	
<input type="checkbox"/> Two (2) Parking Placards		<input type="checkbox"/> Disabled Person License Plate(s) and one (1) Parking Placard	
PERSON WITH DISABILITY OR INSTITUTION - Type or print			
Last Name or Institution Name		First Name	
Mailing Address		City	State
			ZIP
Phone	DL or ID# of Person with Disability	E-mail	

IDENTIFICATION STATEMENT - State law makes falsifying information on this application a third-degree felony.		
Please include your Texas Driver License number (DL #) or Texas Identification Card number (ID #) on this application. If you apply for a placard on behalf of a person with a disability, it is recommended to include the disabled person's DL or ID # on this application in the field above. The DL or ID # provided on this application will be partially shown on the placard issued.		
My signature below indicates that I am (check one):		
<input type="checkbox"/> the person with the disability listed above.		
<input type="checkbox"/> making application on behalf of a person with a disability. DL or ID # and state issuance _____		
<input type="checkbox"/> the administrator or manager of an institution licensed to transport persons with disabilities defined under Transportation Code Section 681.0032. DL or ID # _____. Institutions, facilities, and residential retirement communities licensed under Chapter 242, 246, or 247 of the Health and Safety Code must list a facility ID number issued by the agency: _____.		
_____	_____	_____
Printed Name	Signature	Date

LICENSE PLATES - Complete this section only if you are applying for Disabled Person license plates.			
Year	Make	TX License Plate	Vehicle Identification Number
<input type="checkbox"/> Additional set of Disabled Person plates for certain specially equipped vehicle(s) gross weight of 18,000 lbs. or less listed below:			
Year	Make	TX License Plate	Vehicle Identification Number

DEFINITIONS

Transportation Code, Section 681.001(2) defines a disability as a condition in which a person has:

- (a) mobility problems that substantially impair the person's ability to ambulate;
- (b) visual acuity of 20/200 or less in the better eye with correcting lenses; or
- (c) visual acuity of more than 20/200 but with a limited field of vision in which the widest diameter of the visual field subtends an angle of 20 degrees or less.

Transportation Code, Section 681.001(5) defines a mobility problem as one that substantially impairs a person's ability to ambulate, and the person:

- (a) cannot walk 200 feet without stopping to rest;
- (b) cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device;
- (c) cannot ambulate without a wheelchair or similar device;
- (d) is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest;
- (e) uses portable oxygen;
- (f) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
- (g) is severely limited in the ability to walk because of an arthritic, neurological, or orthopedic condition;
- (h) has a disorder of the foot that, in the opinion of a physician licensed to practice medicine in this state or in a state adjacent to this state, limits or impairs the person's ability to walk; or
- (i) has another debilitating condition that, in the opinion of a physician licensed to practice medicine in this state or a state adjacent to this state, or authorized by applicable law to practice medicine in a hospital or other health facility of the Veterans Administration, limits or impairs the person's ability to walk.

DISABILITY STATEMENT - This section to be completed by a Licensed Medical Professional*

* Licensed Medical Professional is defined as a physician, podiatrist, optometrist, or qualifying physician's assistant or advanced practice nurse as defined in Chapter 301, Occupations Code. At least one of the following conditions must be met by the Licensed Medical Professional:

- Licensed in Texas, Arkansas, Louisiana, New Mexico, or Oklahoma; or
- Must practice medicine in a U.S. military installation based in Texas; or
- Must practice medicine in a hospital or health facility of the U.S. Department of Veterans Affairs.

I certify that _____ has a permanent, or temporary disability.
Printed Name of Person with a Disability

Printed Name of Licensed Medical Professional Professional License Number Date

Signature of Licensed Medical Professional

Mailing Address City State ZIP

Notary - This section to be completed by a Notary only if an original prescription is not submitted.

The signature of the Licensed Medical Professional must be notarized if an original prescription is not submitted.

On this date, _____ the above named Licensed Medical Professional _____
Date Name
appeared before me so I could witness his/her signature.



State of _____, County of _____

Notary Public _____

My commission expires _____
Date