

## Disabled Parking Application for Individuals

Use this form to apply for disabled plates, placards and/or tabs. Once you and your healthcare provider have completed each section, take this application AND A SEPARATE signed authorization from your healthcare provider to any vehicle licensing office or mail to any location from the attached page.

### Applicant

PRINT or TYPE Name ( <i>Last, First, Middle initial</i> )			Date of birth (mm/dd/yyyy)	
Mailing address ( <i>PO Box or street address and apartment number, if applicable</i> )		City	State	ZIP code
10-digit daytime phone	Email			
Current license plate, if applicable			Registration expiration, if applicable	

**X**

Applicant or authorized representative signature

### Parking privilege options

**Your healthcare provider will determine if you get temporary or permanent disabled parking.**

- Temporary placard—valid for 1 year or less. Only one placard will be issued (no fee required). A new application is required to renew.
- Permanent disabled parking—valid for 5 years. You must be the registered owner of the vehicle that has permanent plates or tabs. Before your privilege expires, we will send you a renewal notice.

#### Permanent disabled parking choices (choose only one)

Placard only—no fee required  
Number of placards:    1    2

Permanent plates—fee required (see [dol.wa.gov](http://dol.wa.gov) for current fees)  
Select one:    1 placard and 1 set of license plates  
                   1 set of license plates

Disabled parking tab for specialty or personalized plates—fee required  
(see [dol.wa.gov](http://dol.wa.gov) for current fees)  
Select one:    1 disabled parking tab  
                   1 placard and 1 disabled parking tab

Disabled parking tab for WATV—fee required (see [dol.wa.gov](http://dol.wa.gov) for current fees)  
Select one:    1 disabled parking tab  
                   1 placard and 1 disabled parking tab

You will receive an identification (ID) card 2 to 4 weeks after we process your application. Keep it with you to show law enforcement, if asked.

**Healthcare provider** – Doctor, physician, or licensed registered nurse practitioner fills out this section.

**You must provide a separate signed authorization** stating: (1) the applicant’s name and (2) they have a condition which qualifies them for disabled parking privileges. This authorization must be on prescription paper or your office letterhead. If this application is printed on prescription paper, it meets both the application and authorization requirements. Return this form and your signed authorization to the applicant.

<b>PRINT</b> or <b>TYPE</b> Name	Professional classification	Professional license number
Office address ( <i>Street address, City, State, ZIP code</i> )		10-digit phone number
Privilege duration <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary for: _____ months (up to 12 months)		
Answer the following <input type="checkbox"/> My patient meets one of the following qualifying conditions: <ul style="list-style-type: none"> <li>• Cannot walk 200 feet without stopping to rest or must use assistive device</li> <li>• Walking severely limited due to arthritic, neurological, or orthopedic condition</li> <li>• Uses portable oxygen or walking restricted by lung disease</li> <li>• Class III or IV impairment by cardiovascular disease</li> <li>• Acute sensitivity to auto emissions that limits ability to walk</li> <li>• Legally blind with limited mobility</li> <li>• Restricted by porphyria (applicant benefits from a decrease in exposure to light)</li> </ul>		
<i>I declare under penalty of perjury under the law of Washington that the applicant named above has a medical necessity that severely affects mobility or involves acute sensitivity to light.</i>		
_____	<b>X</b>	_____
Date and place (city or county) signed		MD, DO, DC, DPM, ND, ARNP, or PA <b>ONLY</b> signature

A parking permit for a person with disabilities may be issued only for a medical necessity that severely affects mobility or involves acute sensitivity to light (RCW 46.19.010). An applicant or healthcare practitioner who knowingly provides false information on this application is guilty of a gross misdemeanor. The penalty is up to 364 days in jail and a fine of up to \$5,000 or both. In addition, the healthcare practitioner may be subject to sanctions under chapter 18.130 RCW, the Uniform Disciplinary Act.

RCW 46.19  
WAC 308-96B-010, 308-96B-020

**Please mail your completed Disabled Parking Application to one of the following locations:**

Adams County Auditor  
210 W Broadway Ave Ste 200  
Ritzville, WA 99169-1860

Island County Auditor  
1 NE 7th St  
Coupeville, WA 98239-3105

Skagit County Auditor  
PO Box 1306  
Mount Vernon, WA 98273

Asotin County Auditor  
PO Box 129  
Asotin, WA 99402-0129

Jefferson County Auditor  
PO Box 563  
Port Townsend, WA 98368

Skamania County Auditor  
PO Box 790  
Stevenson, WA 98648-0790

Benton County Auditor  
PO Box 470  
Prosser, WA 99350-0470

King County Licensing  
201 S Jackson St # 206  
Seattle, WA 98104-3854

Snohomish County Auditor  
3000 Rockefeller Ave MS 506  
Everett, WA 98201-4060

Chelan County Auditor  
350 Orondo Ave Ste 202  
Wenatchee, WA 98801-2885

Kitsap County Auditor  
614 Division St  
Port Orchard, WA 98366-4614

Spokane County Auditor  
PO Box 2351  
Spokane, WA 99210-2351

Clallam County Auditor  
223 E 4th St Ste 1  
Port Angeles, WA 98362-3000

Kittitas County Auditor  
205 W 5th Ave #105  
Ellensburg, WA 98926-2891

Stevens County Auditor  
215 S Oak St, Rm 104  
Colville, WA 99114-2847

Clark County Auditor  
PO Box 9812  
Vancouver, WA 98666-8812

Klickitat County Auditor  
205 S Columbus Ave Rm 203  
Goldendale, WA 98620-9280

Thurston County Auditor  
3000 Pacific Ave SE  
Olympia, WA 98501-8809

Columbia County Auditor  
341 E Main St  
Dayton, WA 99328-1361

Lewis County Auditor  
PO Box 29  
Chehalis, WA 98532-0029

Walla Walla County Auditor  
PO Box 1856  
Walla Walla, WA 99362-0356

Cowlitz County Auditor  
207 4th Ave N  
Kelso, WA 98626-4193

Lincoln County Auditor  
PO Box 28  
Davenport, WA 99122-0028

Wahkiakum County Auditor  
PO Box 543  
Cathlamet, WA 98612-0543

Douglas County Auditor  
PO Box 341  
Waterville, WA 98858-0341

Mason County Auditor  
PO Box 400  
Shelton, WA 98584-0400

Whatcom County Auditor  
PO Box 398  
Bellingham, WA 98227-0398

Ferry County Auditor  
350 E Delaware #2  
Republic, WA 99166-9747

Okanogan County Auditor  
PO Box 1010  
Okanogan, WA 98840-1010

Whitman County Auditor  
400 N Main St  
Colfax, WA 99111-2031

Franklin County Auditor  
PO Box 1451  
Pasco, WA 99301-1223

Pacific County Auditor  
PO Box 97  
South Bend, WA 98586-0097

Yakima County Auditor  
PO Box 12570  
Yakima, WA 98909-2570

Garfield County Auditor  
PO Box 278  
Pomeroy, WA 99347-0278

Pend Oreille County Auditor  
PO Box 5015  
Newport, WA 99156-5015

Department of Licensing  
Applications & Issuance  
PO Box 9043  
Olympia, WA 98507

Grant County Auditor  
PO Box 37  
Ephrata, WA 98823-0037

Pierce County Auditor  
2401 S 35th St #200  
Tacoma, WA 98409-7460

Grays Harbor County Auditor  
100 W Broadway Ste 2  
Montesano, WA 98563

San Juan County Auditor  
PO Box 638  
Friday Harbor, WA 98250-0638