



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

MVR 32-6-230 4/01

COUNTY USE ONLY
TAG / PLACARD NUMBER(S)

Application For Disability Access Parking Privileges

NOTICE: Return This Application To Your Local County Tag Office
To Acquire Disability Access Placards and/or License Plates.

Form with fields for APPLICANT'S NAME, TELEPHONE NUMBER, STREET ADDRESS - PHYSICAL LOCATION, MAILING ADDRESS, CITY, COUNTY, STATE, ZIP.

INDIVIDUALS WITH A LONG-TERM DISABILITY MUST RECEIVE A PHYSICIAN'S CERTIFICATION FOR THE FIRST FIVE-YEAR PERIOD AND MAY SELF-CERTIFY EVERY OTHER FIVE-YEAR PERIOD THEREAFTER.
Individuals with qualified long-term disabilities must obtain a licensed physician's certification prior to the initial issuance of disability access placards and/or license plates...

Indicate below which privilege is being requested:

- DISABILITY ACCESS LICENSE PLATE(S) (to include disability access motorcycle plates)
DISABILITY ACCESS PLACARD(S)
TEMPORARY DISABILITY ACCESS PLACARD(S)
DISABILITY ACCESS MILITARY LICENSE PLATES (check one) - Retired Military, National Guard, Disabled Veteran, Atomic Nuked, Battle Bulge, Desert Storm/Shield, Korean War, MOH, POW, Pearl Harbor, Purple Heart, Vietnam, WWII

I certify, under penalty of perjury, that I meet the requirements necessary to receive a disability access license plate/placard as listed in the section below:

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)

DATE

REQUIREMENTS AND PHYSICIAN'S CERTIFICATION

Disability Access license plates and placards may be issued to:

- (a) persons with a disability which limits or impairs their ability to walk; or
(b) organizations that transport persons with a disability which limits or impairs their ability to walk (except that organizations shall not be eligible for placards).

As determined by a licensed physician, persons with disabilities which limit or impair their ability to walk means persons who:

- (1) Cannot walk two hundred feet without stopping to rest; or
(2) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or
(3) Are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm.hg on room air at rest; or
(4) Use portable oxygen; or
(5) Have 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; or
(6) Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Physician, check the number(s) above representing the applicant's specific disability which limits or impairs his/her ability to walk and indicate below the length of disability if temporary.

- Long-term Disability.
Temporary Disability (period not to exceed six months). Beginning Date: Ending Date:

The undersigned affirms under penalty of perjury that the applicant listed above has the specific disability(ies) as checked above.

Form with fields for LICENSED PHYSICIAN'S SIGNATURE, TELEPHONE NUMBER, and a blank space for a signature.

Form with fields for TYPE OR PRINT NAME, CITY, STATE.

DISABILITY ACCESS APPLICANT'S SELF-CERTIFICATION

I certify, under penalty of perjury, that I continue to meet the requirements for the disability access license plate/placard as issued for the previous period.

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)

DATE

See Reverse Side For Organizational Certification, Fees, Quantities, And Other Important Information

**ORGANIZATIONS ONLY**

For Organizational Use. If you are an organization that transports persons with disabilities as described above, check here and **DO NOT** complete the Physician's Certification section.

I certify that the vehicle being registered is primarily used to transport persons with disabilities as described above:

ORGANIZATION NAME AND ADDRESS

( )

AUTHORIZED OFFICIAL'S SIGNATURE

TELEPHONE NUMBER

**FEES, QUANTITIES AND OTHER IMPORTANT INFORMATION**

1. Return this application to **your local county tag office** to acquire disability access license plates and/or disability access placards.
2. Fees for disability access parking privileges: **\$23.00** regular fees for each private passenger automobile; **\$15.00** regular fees for each motorcycle plate; **no charge** for disability access placards.  
Fees (or exemption from fees) for disability access military license plates, such as a disabled veteran disability access plate, shall be the same as the distinctive military license plate.
3. Qualified applicants are entitled to **one disability access plate for each motor vehicle they own**. They may also obtain **one** disability access placard regardless of the vehicles owned by the applicant. Those individuals not obtaining a disability access license plate are eligible for one additional placard (for a maximum of two).
4. Applicants who are temporarily qualified may receive **one** temporary disability access placard.
5. Placards must be displayed in a manner which allows them to be viewed from the front and rear of the vehicle, hung from the front and windshield rearview mirror, and utilized in a parking space reserved for persons with disabilities. When there is no rearview mirror, the placard shall be displayed on the dashboard. **Remove** the placard from sight when not parked.
6. Disability access license plates, placards, and temporary disability access placards are the only recognized means of identifying vehicles permitted to utilize disability access parking spaces.
7. All states shall recognize disability access license plates, placards, and temporary disability access placards from all other states and countries.
8. A separate physician's certification is not required to obtain additional disability access license plates, placards, or temporary disability access placards.

**COMPLETE THE SECTION BELOW FOR  
REPLACEMENT OF LOST, STOLEN, OR MUTILATED DISABILITY ACCESS PLATES OR PLACARDS**

FORMER TAG NUMBER
REPLACEMENT TAG NUMBER

**Application For Replacement  
Disability Access License Plate and/or Placard**

FORMER PLACARD NUMBER
REPLACEMENT PLACARD NUMBER

**NOTICE: Return This Application To Your Local County Tag Office  
To Acquire Disability Access Placards and/or License Plates.**

APPLICANT'S NAME				TELEPHONE NUMBER ( )	
STREET ADDRESS - PHYSICAL LOCATION			MAILING ADDRESS		
CITY	COUNTY	STATE	ZIP	CITY	STATE ZIP

**PRIVILEGE TO BE REPLACED AFFIDAVIT**

Indicate below which privilege is being replaced:

- DISABILITY ACCESS LICENSE PLATE(S) (to include disability access motorcycle plates)** — issued only for vehicles owned by (a) persons with a disability as described on page one; and (b) organizations that transport persons with a disability, as described on page one.
- DISABILITY ACCESS PLACARD(S)** — issued only to persons with a disability, as described on page one, who have a LONG-TERM limitation or impairment in their ability to walk.
- TEMPORARY DISABILITY ACCESS PLACARD(S)** — issued only to persons with a disability, as described on page one, who have a TEMPORARY limitation or impairment in their ability to walk (not to exceed six months).

I certify, under penalty of perjury, that the disability access privilege indicated above is being replaced for the reason checked below:

Lost       Stolen       Mutilated

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)

DATE