

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 <u>or</u> 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										
One (1)	Parking Placard		D	isabled Person License Plate(s)						
Two (2)	Parking Placards			isabled Person License Plate(s) and one	e (1) Parking Pla	card				
PERSON W	ITH DISABIL	ITY OR INSTITUTI	ON -	Type or print						
Last Name or Institution Name			First Name		MI	Suffix				
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.										
apply for a place this application. My signature be the perso making at the admir Code Sec community.	ard on behalf of in the field above elow indicates that in with the disability oplication on behalf distrator or managetion 681.0032.	a person with a disability. The DL or ID # provident I am (check one): at I am (check one):	ty, it is it ed on the ability.	tas Identification Card number (ID recommended to include the disable is application will be partially shown by the properties of the prop	defined under and residentia ist a facility ID	DL or IE ard issu Transp	O # on ued. ortation ment			
LICENSE P	ATFS - Com	nlete this section only i	f vou a	re applying for Disabled Person	license nlates					
Year	Make	TX License Plate	. you ui	Vehicle Identification Number	iodrido piatoc	•				
Teal	Make	TX License Flate		venicle identification Number						
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 eve 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

I certify that Printe	ed Name of Person with a Disability	has a 🔲 pe	has a permanent, or temporary			
Printed Name of Li	censed Medical Professional	Professional License Number		Date		
	Signature of License	ed Medical Professional				
Mailing Address		City	State	ZIP		
The signature of the Licensed	be completed by a Notary on Medical Professional must be not the above named License d witness his/her signature.	arized <u>if an original presc</u>	•			
STAMP HERE	State of	, Cour	nty of			
	My commission expires					

Date