



ALABAMA DEPARTMENT OF REVENUE  
 MOTOR VEHICLE DIVISION  
 www.revenue.alabama.gov

MVR 32-6-230  
 8/20

# Application For Disability Access Parking Credentials

Return this application to your local licensing office

OFFICIAL USE ONLY  
 PLACARD AND/OR LICENSE  
 PLATE NUMBER ASSIGNED

## APPLICANT INFORMATION

Disability Access license plate(s) and placard(s) may be issued to an individual with a disability or a parent, stepparent, or legal guardian of an individual with a disability. Permanent Disability Applicants are eligible for (2) disability placards per person or (1) license plate per vehicle and (1) placard per person. Organizations that transport individuals with a disability are only eligible to apply for a Disability Access license plate. There is no fee for placards.

Individual  Parent, Stepparent, or Legal Guardian of an Individual with a Disability  Organization

APPLICANT NAME			COUNTY	TELEPHONE NUMBER ( )		
PHYSICAL ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)			
CITY	STATE	ZIP	CITY	STATE	ZIP	
DRIVER'S LICENSE (OR NON-DRIVER ID)		ISSUING STATE	EXPIRATION DATE (MONTH/YEAR) /		EMAIL ADDRESS	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (ORGANIZATION ONLY)						

## CREDENTIALS BEING REQUESTED:

- DISABILITY ACCESS LICENSE PLATE: (Permanent Disability only)**
- DISABILITY ACCESS PLACARD(S)**

## APPLICATION TYPE:

NEW  RENEWAL

**REPLACEMENT**

Please select reason for replacement below:

Lost  Stolen  Mutilated

Applicant certifies, under penalty of perjury, that the applicant meets the requirements necessary to receive disability access parking credentials.

APPLICANT SIGNATURE

DATE

## REQUIREMENTS AND CERTIFICATION

An individual with qualified disabilities must obtain certification from a licensed physician, certified registered nurse practitioner, or certified nurse midwife prior to the initial issuance of disability access credentials. An individual with permanent disabilities may self-certify their qualifying disability if they are renewing their disability access credentials. A separate certification is not required to obtain replacement disability access credentials.

An individual with disabilities which limits or impairs their ability to walk means (check all that apply):

- Cannot walk two hundred feet without stopping to rest;
- Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- 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;
- Use portable oxygen;
- 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;
- Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Please check below the length of disability:

- Permanent Disability.
- Temporary Disability (period not to exceed six months). Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

The undersigned affirms under penalty of perjury that the applicant has the specific disability(ies):

AUTHORIZED SIGNATURE (Must be physician, certified registered nurse practitioner or certified nurse midwife signature)

DATE

PRINTED NAME

MEDICAL LICENSE NUMBER (IF APPLICABLE)

TELEPHONE NUMBER  
( )

OFFICE ADDRESS

CITY

STATE

ZIP