



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

MVR 32-6-230 1/97

Application For Handicap Parking Privileges

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

COUNTY USE ONLY TAG / PLACARD NUMBER(S)
AMOUNT COLLECTED FOR PLACARDS \$

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

Indicate below which privilege is being requested:

- HANDICAPPED LICENSE PLATE(S) - issued only to vehicles owned by (a) persons with a disability as described below; and (b) organizations that transport persons with a disability as described below.
HANDICAPPED PLACARD(S) - issued only to persons with a disability, as described below, who have a LONG-TERM limitation or impairment in their ability to walk.
TEMPORARY HANDICAPPED PLACARD(S) - issued only to persons with a disability, as described below, who have a TEMPORARY limitation or impairment in their ability to walk (not to exceed six months).

I certify that I meet the requirements necessary to receive a handicap license plate/placard as listed in the section below:

APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)

DATE

REQUIREMENTS AND PHYSICIAN'S CERTIFICATION

Handicap 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.

LICENSED PHYSICIAN'S SIGNATURE TELEPHONE NUMBER

TYPE OR PRINT NAME CITY STATE

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

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

**FEES, QUANTITIES AND OTHER IMPORTANT INFORMATION**

1. **Return** this application to your **local county tag office** to acquire handicapped license plates and/or handicapped placards.
2. Fees for handicap parking privileges: \$23.00 regular fees plus issuance fee for each handicap license plate; and \$1.25 issuance fee for each handicapped placard.
3. Qualified applicants are entitled to **one handicapped license plate for each motor vehicle they own**. They may also obtain **one** handicapped placard; provided, those individuals **not obtaining** a handicapped license plate are eligible for one additional placard (for a maximum of two).
4. Applicants which are temporarily qualified may receive one temporary handicapped placard PLUS one additional temporary handicapped placard (for a maximum of two).
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 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 when not parked.
6. Handicapped license plates, handicapped placards and temporary handicapped placards are the only recognized means of identifying vehicles permitted to utilize handicapped parking spaces.
7. All states shall recognize handicapped license plates, handicapped placards and temporary handicapped placards from other states and countries.
8. A separate physician's certification is not required for additional handicapped license plates or the additional handicapped placard or temporary handicapped placard.

**COMPLETE THE SECTION BELOW FOR  
REPLACEMENT OF LOST, STOLEN, OR MUTILATED HANDICAP TAG OR PLACARD**

## Application For Replacement Handicap License Plate and/or Placard

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

FORMER TAG NUMBER
REPLACEMENT TAG NUMBER

FORMER PLACARD NUMBER
REPLACEMENT PLACARD NUMBER

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

**PRIVILEGE TO BE REPLACED**

Indicate below which privilege is to be replaced:

- HANDICAPPED LICENSE PLATE(S)** — issued only to 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.
- HANDICAPPED 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 HANDICAPPED 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).

**AFFIDAVIT**

**I certify that the handicap privilege indicated above is being replaced for the reason checked below:**

- Lost**                       **Stolen**                       **Mutilated**

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APPLICANT'S SIGNATURE (OR LEGAL GUARDIAN)