

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building -Tallahassee, FL 32399-0620

APPLICATION FOR DISABLED PERSON PARKING PERMIT PLACARD
***** SUBMIT APPLICATION TO THE COUNTY TAX COLLECTOR'S OFFICE *****

APPLICATION BY DISABLED PERSON (See Warning Below)

I certify that I am a disabled person as required by section 320.0848, Florida Statutes, with certification from either a Florida or out-of-state Physician, Osteopathic or Podiatric Physician, Optometrist (vision only) or Chiropractor; the Adjudication Office of the US Department of Veterans Affairs or the US Department of Defense.

Please Print/Type

Name of Disabled Person as printed on the Florida Driver License or Florida ID Card

Signature of Disabled Person, Parent or Guardian of Disabled Person

Date of Birth Sex

Date Signed

Street Address

City

State

Zip Code

Florida Driver License Number or Florida Identification Card Number: _____

(Required for permanent and temporary Parking Permit)

if applicable, check one of the following:

I am a frequent traveler.

I am a quadriplegic.

LONG TERM DISABILITY

PHYSICIAN'S STATEMENT OF CERTIFICATION (See Warning Below)

PERMANENT PERMIT: This is to certify that _____ is a disabled person with a permanent disability(ies) that limits or impairs his/her ability to walk 200 feet without stopping to rest. The specific disability(ies) is checked below:

***** NOTE: "Unable to walk 200 feet" is no longer a qualifying disability unless it is due to one of the conditions below. *****

- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

b. The need to permanently use a wheelchair.

c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.

d. Use of portable oxygen.

e. Restriction by cardiac condition to the extent that the person's functional limitations are classified I severity as Class III or Class IV according to standards set by the American Heart Association.

f. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.

Legally blind (this is the only disability an Optometrist can certify)

TEMPORARY PERMIT: This is to certify that _____ is a person with a temporary disability of one year or less that limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary specific disability(ies) checked above, I recommend a disabled person parking permit to be issued from _____ (date) through _____ (date).

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000 or both.

Print/Type Name of Certifying Authority

Signature

Date Signed

Business Street Address

Area Code Telephone Number

City

State

Zip Code

Certification or License No. (Required) _____ of Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist

LICENSED IN THE STATE OF: _____

Please Print/Type

APPLICATION BY AN ORGANIZATION (See Warning Above)

This is to certify that _____ provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of vehicles in fleet for this purpose _____

Signature of Organization's Authorized Representative

Date Signed

Street Address

City

State

Zip Code

FEID NUMBER: _____

TAX COLLECTOR USE ONLY

Agency Personnel Processing this Application

County

Agency

Date

Provisions of Law: Section 320.0848, Florida Statutes, provides for the issuance of the disabled person parking permit placards. **This section was amended to no longer allow the applicant to qualify because they are unable to walk 200 feet. This disability must be due to a condition listed in A thru F on the reverse side in the Physician's Statement Section.**

*******RENEWAL INSTRUCTIONS:*******

1. This application must be completed by any of the certifying authorities listed on the reverse side.
2. Submit this application by mail or in person and \$15 to the tax collector's office or license plate agency in the county where you live. Send \$16 if you are applying for two permits. See FEES section below for additional information.
3. Submit a copy of the registration for your expiring parking permit or write the number at the top on the reverse side of this application.

PROCEDURES AND INSTRUCTIONS FOR APPLYING

APPLICATION REQUIREMENTS:

- A. The application for the disabled person parking permit placard must be completed.
- B. Proof of the disability must be completed on this form (HSMV 83039), Physician's Statement of Certification section.
- C. An additional permit may be issued to a disabled person who qualifies as a frequent traveler or as a quadriplegic.
- D. An organization can be issued as many disabled person parking permit placards as it has vehicles that are used to transport disabled persons.
- E. Temporary permits are issued for the time period specified by the certifying authority, not to exceed 1 year. No additional permit can be issued. A Florida driver license number or Florida identification number is required.
- F. FEES: \$15 for 4 years
Supplemental Security Income (Not Social Security Disability): \$9 for 4 years
Disabled Veteran: \$1.50 for 4 years
Additional permits: \$1
Temporary permits: \$15 regardless of the number of days issued.

NOTE: Disabled Veterans who qualify must also have proof from the US Department of Veterans Affairs or the US Department of Defense that they have one of the following:

1. A service connected disability rating for compensation of 50% or greater.
2. A service connected disability rating of 50% or greater and is in receipt of disability retirement pay.

Supplemental Security Income recipients must submit a certificate of eligibility from the federal government or the Florida Department of Children and Families. This is acceptable proof if the application is made within one year from the date it was issued. Social Security Disability is not acceptable.

EXPIRATION: Placards issued to disabled persons will expire in four years on the owner's birthday. Placards issued to an organization will expire in four years on June 30.

DISPLAY: The placards must be hung on the rear view mirror of any vehicle used to transport the disabled person(s) while parked in a designated disabled person parking space. The permit number must be visible from the front of the vehicle. The side with the label must be displayed toward the inside of the vehicle.

RECIPROCITY: Section 316.1958, Florida Statutes, provides that motor vehicles displaying a license plate or parking permit issued to a disabled person by any other state or district subject to laws of the United States, shall be recognized as a valid plate or permit, allowing such vehicle the special parking privileges in Florida, provided such other state or district grants reciprocal recognition for disabled residents of this state. All of the United States have agreed to reciprocate.

WARNING: THE DISABLED PERSON MUST HAVE A FLORIDA DRIVER LICENSE OR FLORIDA IDENTIFICATION CARD IN THEIR POSSESSION WHEN THIS PERMIT IS IN USE.