

Disabled Parking Application for Individuals

Once you and your healthcare provider have completed the appropriate sections, take this form AND signed authorization from your physician to any vehicle licensing office.

Parking privilege options

- Permanent placard – valid for 5 years. Before your privilege expires, we will send you a renewal notice.
- Temporary placard – valid for 1 year or less. A new application is required to renew.

You will receive an identification (ID) card 2 to 4 weeks after we process your application. Keep it with you to show law enforcement, if asked.

Applicant

PRINT or TYPE Name (Last, First, Middle initial)		Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address (Street address or PO Box, City, State, ZIP code, and apartment number, if applicable)			
(Area code) Daytime telephone number	Email	Current license plate, if applicable	Registration expiration, if applicable

X
Applicant or authorized representative signature

Permanent disabled parking choice

You must be the registered owner of the vehicle that has permanent plates or tabs.

Permanent disabled parking ONLY (select one) <input type="checkbox"/> Permanent parking placard – no fee required Number of placards: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Permanent plates – fee required (see dol.wa.gov for current fees) Select one: <input type="checkbox"/> 1 placard and 1 set of license plates <input type="checkbox"/> 1 set of license plates <input type="checkbox"/> Disabled parking tab for specialty or personalized plates – fee required (see dol.wa.gov for current fees) Select one: <input type="checkbox"/> 1 disabled parking tab <input type="checkbox"/> 1 placard and 1 disabled parking tab
--

Healthcare provider

You must provide a signed authorization that the applicant has a condition which qualifies them for disabled parking privileges. This authorization must be on tamper-resistant prescription pad or paper or your office letterhead. Return this form and your signed authorization to the applicant.

PRINT or TYPE Name	Professional classification	Professional license number
Office address (Street address, City, State, ZIP code)		(Area code) Telephone number

Privilege duration
 Permanent Temporary for _____ months (up to 12 months)

Type of disability (select all that apply)

<input type="checkbox"/> Cannot walk 200 feet without stopping to rest or must use assistive device	<input type="checkbox"/> Class III or IV impairment by cardiovascular disease
<input type="checkbox"/> Walking severely limited due to arthritic, neurological, or orthopedic condition	<input type="checkbox"/> Acute sensitivity to auto emissions that limits ability to walk
<input type="checkbox"/> Uses portable oxygen or walking restricted by lung disease	<input type="checkbox"/> Legally blind with limited mobility
	<input type="checkbox"/> Restricted by porphyria (applicant benefits from a decrease in exposure to light)

I certify under penalty of perjury under the laws of the state of Washington that the applicant named above has a medical necessity that severely affects mobility or involves acute sensitivity to light.

X
Date and place signed _____ MD, DO, DC, DPM, ND, ARNP, or PA ONLY signature

A parking permit for a person with disabilities may be issued only for a medical necessity that severely affects mobility or involves acute sensitivity to light (RCW 46.19.010). An applicant or healthcare practitioner who knowingly provides false information on this application is guilty of a gross misdemeanor. The penalty is up to 364 days in jail and a fine of up to \$5,000 or both. In addition, the healthcare practitioner may be subject to sanctions under chapter 18.130 RCW, the Uniform Disciplinary Act.