

## 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 ( <i>Last, First, Middle initial</i> )		Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address ( <i>Street address or PO Box, City, State, ZIP code, and apartment number, if applicable</i> )			
(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 ( <i>select one</i> ) <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 <a href="http://dol.wa.gov">dol.wa.gov</a> 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 <a href="http://dol.wa.gov">dol.wa.gov</a> for current fees) Select one: <input type="checkbox"/> 1 disabled parking tab <input type="checkbox"/> 1 placard and 1 disabled parking tab
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### 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 ( <i>Street address, City, State, ZIP code</i> )		(Area code) Telephone number
Privilege duration <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary for _____ months (up to 12 months)		
Type of disability ( <i>select all that apply</i> )		
<input type="checkbox"/> Cannot walk 200 feet without stopping to rest or must use assistive device <input type="checkbox"/> Walking severely limited due to arthritic, neurological, or orthopedic condition <input type="checkbox"/> Uses portable oxygen or walking restricted by lung disease	<input type="checkbox"/> Class III or IV impairment by cardiovascular disease <input type="checkbox"/> Acute sensitivity to auto emissions that limits ability to walk <input type="checkbox"/> Legally blind with limited mobility <input type="checkbox"/> Restricted by porphyria (applicant benefits from a decrease in exposure to light)	
<i>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.</i>		
Date and place signed		<b>X</b> 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.

RCW 46.19  
WAC 308-96B-010