



**PART 2:**

**APPLICATION FOR DAV-HP LICENSE PLATE WITH SPECIAL PARKING**

**\*\*\*NOTE: DISABLED VETERANS WHO ARE 85 YEARS OF AGE OR OLDER ONLY NEED TO SHOW PROOF OF AGE TO OBTAIN A DAV-HP PLATE. DATE OF BIRTH:\_\_\_\_\_**

**THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR PHYSICIAN:**

**Eligibility, by law, for a long-term plate or placard is restricted to permanent disabilities with no prognosis for improvement. (NO OTHER PERSON IS ELIGIBLE FOR A LICENSE PLATE OR PLACARD) A physician must certify this application. Applicant must meet one of the following requirements with no prognosis for improvement:**

- 1. Cannot walk 200 feet without stopping to rest.
- 2. Cannot walk safely without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
- 3. Is restricted by lung disease to such an extent that the applicant's or household member's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest.
- 4. Uses portable oxygen.
- 5. Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
- 6. Is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.

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**\*\*\*PHYSICIAN MUST PROVIDE HIS OR HER CERTIFICATION BELOW.**

I certify, under penalty of law, that the above information concerning the applicant is true and correct, and that the applicant or household member meets the requirements specified above for the long-term special license plate/parking ID placard or temporary special parking ID placard.

Date:\_\_\_\_\_ Signature of Physician:\_\_\_\_\_ License #\_\_\_\_\_

**PRINT NAME, ADDRESS AND TELEPHONE NUMBER OF LICENSED PHYSICIAN:**

\_\_\_\_\_(Physician's Name) \_\_\_\_\_  
\_\_\_\_\_(Street Address or P.O. Box) \_\_\_\_\_  
\_\_\_\_\_(City, State and Zip) \_\_\_\_\_  
\_\_\_\_\_(Verification Telephone Number)  
\_\_\_\_\_(Verification Contact Name)

I certify, under penalty of law, that the above information is true and correct. I also understand that false representation by me can lead to penalties as provided by law as follows: Any person who is not disabled, as defined above, and who intentionally and falsely represents that such person has the qualifications to obtain such a special license plate or parking ID placard in an attempt to obtain such plate or placard shall for the first offense be fined \$100. For each subsequent like offense, the person shall be fined \$200 or imprisoned not less than 10 or more than 30 days, or both.

**NOTE: I understand the special license plate must be returned when no longer needed.**

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Approved:\_\_\_\_\_ Name of DMV Specialist