



**STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES**

**SELF CERTIFICATION FOR SPECIAL LICENSE PLATE OR  
PARKING ID PLACARD FOR PERSONS WITH DISABILITIES**

Driver License/ID No: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**INDIVIDUAL MUST BE OWNER OF VEHICLE OR HOUSEHOLD MEMBER TO  
QUALIFY FOR SPECIAL LICENSE PLATE (COMPLETE BELOW)**

Plate Number: \_\_\_\_\_ Make/Year of Vehicle: \_\_\_\_\_

VIN Number: \_\_\_\_\_ Gross Weight of Vehicle: \_\_\_\_\_

**I certify, under penalty of the law, that my medical condition has not changed, and I still  
require a permanent special license plate and/or parking ID placard.**

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

Approved: \_\_\_\_\_  
DMV Specialist

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**FOR OFFICE USE ONLY**

Current Placard No: \_\_\_\_\_ Special Parking Plate No.: \_\_\_\_\_

Renewal Placard No.: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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