

Application for Persons with Disabilities Parking Placard and/or **License Plate**

County Use (Receipt of statutory fee ad	•
License plate is	sued
Parking Placard(s)	
County #	Date

Complete application, submit payment (if required) in the form of a personal check, money order or cashier's check to your local County Tax Assessor-Collector's office. Do not mail cash.

- Disabled Person license plates displaying the International Symbol of Access (ISA) 👆 may be issued to persons with a permanent disability (limit one set of PLATES)
- Parking placards may be issued to persons with a permanent or temporary disability. There is no fee for a placard issued to a person with a permanent disability, and a \$5 fee (per placard) if issued to a person with a temporary disability
- '' B' 11 1B 1 4 1 1 1 4 4 FOT 1 ..

Limit one [1] placard for persons Disabled Person license plates	with disabled Ferson	ncense plates.	Limit two [2] piac	arus ioi p	EISONS WITH NO	
	Check ap	pplicable box				
One (1) Parking PLACA	One (1) Parking PLACARD Disabled Person PLATE(S)					
Two (2) Parking PLACA	Two (2) Parking PLACARDS Disabled Person PLATE(S) and one Parking PLACARD					
If you apply for a parking placar (DL #) or Texas DPS Identificat Driver License number.						
Person with disability or Ins	stitution - Type or pr	rint only				
Last Name or Institution Name			First Name		Middle Initial	
Address		City	State Zi		Zip Code	
Day Phone	DL # or ID # of Person v	v/ Disability	E-mail			
Statement - State law makes fa	Isifying information	on this applic	ation a third-de	gree felor	ıy.	
Please include your Texas Driver Licent for a placard on behalf of a person wit application in the field above. The DL on	h a disability, it is recomi	mended that you	ս include <u>the disabl</u>	ed person's		
My signature indicates that I am the per	rson with a disability liste	d above, or:				
making application on behalf of a person with a disability - Include your DL # or ID # only if no DL or ID # is shown above						
the administrator or manager of an institution licensed to transport persons with disabilities defined under Transportation Code §681.0032 - Driver License #						
Institution, facility or retirement com	nmunity must list the Fac	ility ID number is	ssued by DADS:			
			_			
License Plates - Complete this s plates, your annual vehicle registration	ection only if you are app	olying for Disabl	ed Person license	plates. For	Disabled Person license	
Year Make TX	License Plate	Vehicle I	dentification Numb	er		
Additional set of Disabled Person PLATES for specially equipped vehicle(s) (2 tons or less) listed below:						
Year Make TX	License Plate	Vehicle I	dentification Numb	er		

Original - Customer

Copy - Tax Assessor-Collector

THIS SECTION TO BE COMPLETED BY A LICENSED PHYSICIAN*, PODIATRIST, OR OPTOMETRIST:

*Or physician's assistant, which may include an Advanced Practice Nurse as defined in Chapter 301, Occupations Code.

The following conditions must be met by the physician, qualifying PA, podiatrist, or optometrist:

- Must be licensed in Texas, Arkansas, Louisiana, New Mexico, Oklahoma, or
- Must practice medicine in a U.S. military installation based in Texas, or
- Must practice medicine in a hospital or health facility of the U.S. Department of Veterans Affairs

I certify that	has a ☐ permanent, or ☐ temporary di	sability.			
N	ame of person with a disability – type or print	•			
(a) mobility problems the (b) visual acuity of 20/2	001(2) defines a disability as a condition in which a person has hat substantially impair the person's ability to ambulate; 200 or less in the better eye with correcting lenses; or re than 20/200 but with a limited field of vision in which the widest diameter of the visual field subtends	an angle of 20			
(a) cannot walk 200 fee (b) cannot walk without device (c) cannot ambulate with (d) is restricted by lung spirometry, is less than (e) uses portable oxygon (f) has a cardiac condict standards set by the A (g) is severely limited in the set or impairs the person's (h) has a disorder of the fee	ition to the extent that the person's functional limitations are classified in severity as Class III or Class merican Heart Association in the ability to walk because of an arthritic, neurological, or orthopedic condition; or foot that, in the opinion of a person licensed to practice podiatry in this state or in a state adjacent to	on or a prosthetic sured by s IV according to this state, limits			
(i) has another debilita	ating condition that, in the opinion of a physician licensed to practice medicine in this state or a state applicable law to practice medicine in a hospital or other health facility of the Veterans Administration				
◆ Blue pla Date	Printed Name of Physician*, Podiatrist, or Optometrist Professional License Number	oility.			
Address	City State ZIP Code				
Signature of Physician*, F	Podiatrist, or Optometrist				
	Notary				
	ove signature unless a separate written original prescription is submitted in lieu of the notarized signature. I ude the disabled person's name, signature of the physician*, podiatrist, or optometrist, and statements as to				
On this date, _	the above named physician*, podiatrist, or optometrist Name				
appeared before	re me so that I could witness his / her signature.				
STAMI	P Signature of Notary Printed Name of Notary	ary			
HERE	I hereby certify that I am a notary in the State of Texas, in	County.			
My commission expires: Date					
	Dale				