



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

County Use Only	
License No _____	
Parking Placard 1 _____	
Parking Placard 2 _____	
County No _____	
Date Issued _____	

Instructions

Persons with Disabilities Parking Placard: Submit the completed application and payment (if required) in the form of a personal check, money order, or cashier's check with proof of eligibility to your local county tax assessor-collector's office or the county tax assessor-collector's office where you are seeking medical treatment.

IMPORTANT: The signature of a licensed medical professional must be notarized on page 2 if an original prescription is not submitted. An original prescription must include the disabled person's name, the signature of the licensed medical professional (as defined on page 2), and a statement if the disability is permanent or temporary.

Persons with Disabilities License Plate: Submit the completed application and payment (if required) in the form of a personal check, money order, or cashier's check with proof of eligibility to your local county tax assessor-collector's office. Contact the appropriate local county tax assessor-collector's office for processing application by mail. **Do not mail cash.** Include a copy of the photo identification (ID) if applying by mail.

- An **original prescription** is acceptable proof if not providing a written statement or completing the Disability Statement below.
- A **parking placard** 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.
- 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).
- Limit one (1) placard for persons with Disabled Person license plates. Limit two (2) placards for persons with no Disabled Person license plates.
- Attach a separate application if an additional set of Disabled Person plates is needed for certain specially equipped vehicle(s) with gross weight of 18,000 lbs. or less.

Applicant Information

First Name	Middle Name	Last Name	Suffix
Institution Name (if applicable)			
Address		City	State ZIP
Email		Phone Number	

Identification Statement – State law makes falsifying information a third-degree felony.

Please include your Driver License number (DL #) or Identification Card number (ID #) on this application. The DL or ID # provided on this application will be partially shown on the placard issued. My signature below indicates that I am (check one):

- the person with the disability listed above. DL or ID # and state of issuance _____
- making application on behalf of a person with a disability and my vehicle is used to regularly transport the person with the disability. DL or ID # and state of issuance _____
- the administrator or manager of an institution licensed to transport persons with disabilities defined under Transportation Code, Section 681.0032. DL or ID # _____ Institutions, facilities, and residential retirement communities licensed under Chapter 242, 246, or 247 of the Health and Safety Code must list a facility ID # issued by the agency: _____

Application for Parking Placard(s) and/or Disabled Person License Plate(s) – Check one below.

- Disabled Person License Plate(s) with no Parking Placard One (1) Parking Placard with no Disabled Person License Plate(s)
- Disabled Person License Plate(s) and one (1) Parking Placard Two (2) Parking Placards with no Disabled Person License Plate(s)

Vehicle Information for License Plate(s) – Complete only if you are applying for Disabled Person plate(s).

Vehicle Identification Number	Current TX Plate	Year	Make
Vehicle Type <input type="checkbox"/> Passenger Car (up to 18,000 lbs.) <input type="checkbox"/> Truck (up to 18,000 lbs.) <input type="checkbox"/> Motorcycle/Moped			

Certification – State law makes falsifying information a third-degree felony.

I meet the eligibility requirements as listed on this application and am providing proof to that effect, or I am making application on behalf of a person with a disability as indicated in the Identification Statement above.

Signature: _____ Date: _____

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Definitions

Transportation Code, Section 681.001(2) defines a disability as a condition in which a person has:

- (a) mobility problems that substantially impair the person's ability to ambulate;
- (b) visual acuity of 20/200 or less in the better eye with correcting lenses; or
- (c) visual acuity of more than 20/200 but with a limited field of vision in which the widest diameter of the visual field subtends an angle of 20 degrees or less.

Transportation Code, Section 681.001(5) defines a mobility problem as one that substantially impairs a person's ability to ambulate, and the person:

- (a) cannot walk 200 feet without stopping to rest;
- (b) cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device;
- (c) cannot ambulate without a wheelchair or similar device;
- (d) is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest;
- (e) uses portable oxygen;
- (f) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
- (g) is severely limited in the ability to walk because of an arthritic, neurological, or orthopedic condition;
- (h) has a disorder of the foot that, in the opinion of a physician licensed to practice medicine in this state or in a state adjacent to this state, limits or impairs the person's ability to walk; or
- (i) has another debilitating condition that, in the opinion of a physician licensed to practice medicine in this state or a state adjacent to this state, or authorized by applicable law to practice medicine in a hospital or other health facility of the Veterans Administration, limits or impairs the person's ability to walk.

Disability Statement – To be completed by a Licensed Medical Professional.

A Licensed Medical Professional is defined as a physician, podiatrist, optometrist, or qualifying physician's assistant or advanced practice nurse as defined in Chapter 301, Occupations Code. At least one of the following conditions must be met:

- Licensed in Texas, Arkansas, Louisiana, New Mexico, or 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 disability as defined above.

Printed Name of Person with a Disability or Mobility Problem

Printed Name of Licensed Medical Professional

Professional License Number

Date

Signature of Licensed Medical Professional

Mailing Address

City

State

ZIP

Notary – This section is only for placards and must be completed by a notary if an original prescription is not submitted.

On this date, _____ the above named licensed medical professional _____
Date Name

appeared before me so that I could witness his or her signature.



State of _____, County of _____

Notary Public _____

My commission expires _____

Date