

## Disabled Parking Application for Individuals

Once you and your healthcare provider have completed the appropriate sections, **take this application AND signed authorization from your healthcare provider to any vehicle licensing office** or mail to: Special Plate Unit, Department of Licensing, PO Box 9043, Olympia, WA 98507.

### 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>PO Box or street address and apartment number, if applicable</i> )				
City	State	ZIP code	(Area code) Daytime phone	Email

**X**

Applicant or authorized representative signature

### Parking privilege options

**Your healthcare provider will determine if you get temporary or permanent disabled parking.**

- **Temporary placard** – valid for 1 year or less. Only one placard will be issued (no fee required). A new application is required to renew.
- **Permanent disabled parking** – valid for 5 years. You must be the registered owner of the vehicle that has permanent plates or tabs. Before your privilege expires, we will send you a renewal notice.

Permanent disabled parking choices (*choose only one*)

**Placard only** – no fee required  
Number of placards:  1  2

Permanent plates – fee required (see [dol.wa.gov](http://dol.wa.gov) for current fees)  
Select one:  1 placard and 1 set of license plates  1 set of license plates

Disabled parking tab for specialty or personalized plates – fee required (see [dol.wa.gov](http://dol.wa.gov) for current fees)  
Select one:  1 disabled parking tab  1 placard and 1 disabled parking tab

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.

### Healthcare provider

You must provide a signed authorization stating: (1) the applicant's name and (2) the condition which qualifies them for disabled parking privileges. This authorization must be on tamper-resistant prescription paper or your office letterhead. If this application is printed on tamper-resistant prescription paper, it meets both the application and authorization requirements. 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) phone 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 <b>ONLY</b> 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.