



**APPLICATION FOR DISABILITY PARKING CERTIFICATE PS2005-29**

**DISABLED INDIVIDUAL SECTION**

To be completed by or for the person with a certifiable disability

Full Name (Please Print) Last, First and Middle			Date of Birth
Address			Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip Code	Do you have a Minnesota ID Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
			License/ID Number _____
Have you ever had a Minnesota Disability Parking Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No MN disability license plates? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List certificate and/or plate # _____			
If applying for replacement, check reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Other; Please Explain _____			
<input type="checkbox"/> Check Here if this application is for two disability certificates (Not available if you have disability license plates)		<input type="checkbox"/> Check Here if this application is for a second disability certificate (Limit of 2 certificates per person)	

I hereby certify the above information is complete and accurate to the best of my knowledge. I also give permission to my physician to supply the information requested.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Medical Section**

The applicant must meet one or more of the definition(s) of a "physically disabled person" described below.

• Check which definition(s) the applicant meets.

**IMPORTANT:** Items six through ten must state the **diagnosis** of the condition causing disability.

Symptoms described generically such as "Back Pain", "Leg Pain" are not acceptable.

**The Applicant:**

- 1. Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
- 2. Uses portable oxygen.
- 3. Has an arterial oxygen tension (PAO<sub>2</sub>) of less than 60 mm/Hg on room air at rest.
- 4. Is restricted by a respiratory disease to such an extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter.
- 5. Has lost an arm or leg and does not have or cannot use an artificial limb.
- 6. Due to disability, uses a wheelchair or cannot walk without the aid of:  
Another Person; A Walker; A Cane; Crutches; Braces; A Prosthetic Device; or other Assistive Device:  
(Specify diagnosis of condition causing Disability) \_\_\_\_\_
- 7. Has a disability that would be aggravated by walking 200 feet under normal environmental conditions to an extent that would be life-threatening.  
This condition is : \_\_\_\_\_ (Specify diagnosis of condition causing Disability)
- 8. Due to disability cannot walk 200 feet without stopping to rest.  
This condition is: \_\_\_\_\_ (Specify diagnosis of condition causing Disability)
- 9. Cannot walk without a significant risk of falling.  
This condition is: \_\_\_\_\_ (Specify diagnosis of condition causing Disability)
- 10. Has a specific medical condition related to pregnancy that could be aggravated by walking to the extent that the life or health of the person or fetus may be endangered (**Temporary certificate only**; may not exceed expected length of pregnancy)  
Describe Condition: \_\_\_\_\_

**Deputy Stamp**

**Certificate Type:**

- Fee \$5.00 ea.  **Temporary** 1 to 6 Months **Must Specify** →
- Fee \$5.00 ea.  **Short Term** 7 to 12 Months **Must Specify** →
- No Fee  **Long-Term** 13 to 71 months **Must Specify** →
- No Fee  **6-year Certificate** For permanent disabilities

**Certificate Expiration Date requested**

\_\_\_\_\_/\_\_\_\_\_  
Month Year

**IMPORTANT!**  
If no date is indicated the certificate will be issued for the minimum duration of certificate type

Is the applicant qualified, in all medical respects to exercise reasonable and ordinary control over a motor vehicle?

- Yes  Yes, with adaptive equipment  No, please specify \_\_\_\_\_

**A no answer may result in cancellation of driving privilege.**

**Failure to answer this question will result in a request for a medical report.**

I certify, by my signature as a licensed physician, physician's assistant, advanced practice registered nurse, or chiropractor that, in my professional opinion \_\_\_\_\_ (Patient's name) meets the definition of physically disabled person and is entitled to a disability parking certificate. I would be guilty of a misdemeanor and subject to a fine of \$500.00 for fraudulently certifying the applicant.

Signature & Title	Date	Print Name
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Telephone Number ( )	Address, City, State, Zip Code
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**NOTICE:** Any information supplied on this form is collected under the authority of Minnesota Statutes, and will be used only by authorized Driver and Vehicle Services Division personnel to determine your eligibility for the issuance of a Disability Parking Certificate and driving privileges. Failure to provide and return the requested data will result in the denial of your request. Please read and familiarize yourself with the information on this form.

### **WHO IS ELIGIBLE FOR THE DISABILITY PARKING CERTIFICATE?**

Any Minnesota resident who meets one or more of the definitions of a “physically disabled person” listed on the front of this application. The parking certificate is provided to allow persons with a physical disability easier access to public places and facilities. Residents of other states that are visiting or temporarily residing in Minnesota may apply for a Temporary certificate (6 months maximum). Residents of other states must make application for permanent certificates in their home state.

### **HOW DO I USE THE DISABILITY PARKING CERTIFICATE?**

The certificate is issued to the disabled person, not the vehicle. Therefore, it may be displayed when parking any vehicle you are driving or riding in. The certificate is to be displayed on the rear view mirror only when parked. Driving with the certificate hanging from the mirror creates an obstructed view, which is illegal and very dangerous. If your disability makes it impractical to hang the certificate from the rear view mirror it may be placed on the dashboard when parked.

Only one certificate is issued per disabled individual if applicant also possesses a set of disability license plates. You may qualify for 2 certificates if you do not have disability license plates for your vehicle. Certificates are valid until the last day of the month indicated on the certificate.

### **I HAVE HEARD THAT SOME PEOPLE WHO HAVE APPLIED FOR THE CERTIFICATE HAVE BEEN REQUIRED TO RETEST FOR THEIR DRIVER LICENSE. IS THAT TRUE?**

**YES.** If a disabled person with a driver's license applies for a certificate, the Department of Public Safety may check the driver's license record. If the department has a record of the disability, there is no action taken. If the department has no such record of the disability, certification must be made that the disability will not interfere with his/her driving ability. The department may ask the applicant to come in for an interview so they can determine if a re-test may be necessary. Although this procedure may be an inconvenience for some, the Department of Public Safety has an obligation to ensure that licensed drivers are qualified to operate a motor vehicle.

### **WHAT PRIVILEGES DOES THE CERTIFICATE PROVIDE IN MINNESOTA?**

A vehicle that prominently displays the certificate may be parked by or solely for the benefit of a physically disabled person 1) in a designated disability parking space; 2) in a non-restricted metered parking space without obligation to pay the meter fee, and without regard to time limitation unless otherwise posted; or 3) in a non-metered time limited passenger vehicle space unless otherwise posted.

When parked in a designated parking space the occupants must exit the vehicle. It is not permissible to use the certificate to wait in a disability parking space.

This law does not permit parking in areas prohibited by Sections 169.32 and 169.34, 1) in designated no parking spaces; 2) in parking spaces reserved for specified purpose; 3) where there is a local ordinance that prohibits parking on any street or highway for the purpose of creating a Fire lane; or 4) to provide for the accommodation of heavy traffic during morning and afternoon rush hours.

For privileges in other states or Canadian provinces, please contact those states/provinces.

### **MISUSE OF THE CERTIFICATES**

Any unauthorized use or reproduction of the Department issued Disability Parking Certificate is subject to the revocation of parking privilege. A person who is convicted of misusing the certificate is guilty of a misdemeanor and subject to a fine of **\$500.00**. Knowingly allowing the misuse of the certificate or disability license plates shall result in the cancellation of disability parking privileges.

### **WHAT IF I MISPLACE/LOSE MY CERTIFICATE?**

If you need a replacement certificate complete Section A of this application.

For replacement of Temporary and Short-Term Certificates due to loss or theft there is a fee of \$5.00.

The certificate is valid for the duration of the person's disability, as specified by the health care provider's statement.

1 to 6 months for a temporary certificate, 7 to 12 months for a short-term certificate, 13 to 71 months for a long-term certificate, or **six years** for a permanent disability. The disability may need to be re-certified before a new or subsequent certificate will be issued.

If your health care provider extends the length of the disability there is no fee for the subsequent certificate, however along with the health care provider's signature the medical statement is required and must clearly state that it is an extension for a previously certified disability.

For a lost certificate you may be required to identify measures that you have taken in order to prevent future lost certificates.

For stolen certificates, you may be asked to provide a copy of the police report regarding the theft.

If you have further questions regarding this application, contact the Driver and Vehicle Services Division at (651) 297-3377. If you have questions regarding other services provided by Driver and Vehicle Services, please call (651) 296-6911, or TTY (651) 282-6555.

You may also contact DVS through the Internet at: **MNdriveinfo.org**

### **This application may be submitted at any motor vehicle office in Minnesota or by mail to:**

Minnesota Department of Public Safety  
Driver and Vehicle Services Division  
445 Minnesota Street  
St. Paul, MN 55101-5164

### **If relevant information is missing the application will be rejected.**

### **The information provided by the applicant and health care provider is required by state and federal guidelines.**

All data collected on a disability certificate application is required by law. This data is used to determine eligibility for issuance of a disability certificate. All data collected is private and may not be issued to anyone except law enforcement personnel (name/address information only) or the applicant.