



A Public Service Agency

APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

Use this form to apply for a disabled person (DP) parking placard(s) or license plates. **Please read all information on page one before completing this form.** Complete this form legibly in ink. Illegible or incomplete forms will be returned. Only original signatures will be accepted, no photocopies or faxes. All original DP parking placard and license plate applicants must provide acceptable proof of true full name and birth date.

SECTION 1 — APPLICANT OR ORGANIZATION INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZATION NAME)		DATE OF BIRTH (FOR INDIVIDUALS ONLY)		
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)		Month	Day	Year
APT./SPACE/STE.#		DRIVER LICENSE/ID CARD NUMBER (FOR INDIVIDUALS ONLY)		
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)		DAYTIME TELEPHONE NUMBER		
APT./SPACE/STE.#		()		
CITY	COUNTY	STATE	ZIP CODE	

SECTION 2 — TYPE OF DISABLED PERSON PARKING PLACARD(S) OR LICENSE PLATES (Check all that apply.)

- Permanent DP Parking Placard (No Fee)
- Temporary DP Parking Placard (\$6.00 Fee)
- Travel Parking DP Placard (No Fee)
Must already have a DP Parking Placard, Disabled Veteran License Plates, or DP License Plates.
- Disabled Person License Plates (No Fee), see Section 3.
Can only be assigned to vehicles registered in the name of the qualified person.
- Disabled Person License Plate Reassignment, see Section 3

Have you ever been issued a DP License Plate, Disabled Veteran License Plate, or a Permanent DP parking placard in California? Yes No

If yes, the license plate or DP parking placard number is _____. A doctor's certification is **not** required unless it was cancelled by DMV or is no longer on record, or four replacement permanent DP placards have been issued during the 2-year renewal period.

SECTION 3 — DISABLED PERSON LICENSE PLATE APPLICANTS ONLY: VEHICLE INFORMATION

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR
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For organizations – the plated vehicle is used exclusively for transporting disabled persons.

Commercial Vehicles – Weight Fee Exemption. I am requesting an exemption from weight fees for the vehicle described above. It weighs less than 8,001 pounds unladen. I understand that this exemption may be used for ONE commercial vehicle only and I do not have this exemption for any other vehicles I own. Yes No

SECTION 4 — APPLICANT OR ORGANIZATION REPRESENTATIVE'S CERTIFICATION AND SIGNATURE

I certify that I have read the "Important Information, Disclosures, and Certifications" on page one and I fully understand and take responsibility for the use of the Disabled Person Parking Placard and/or License Plates that are issued to me. I also certify that I am a disabled person per California Vehicle Code (CVC) §295.5 or that I am an authorized representative of the organization involved in the transportation of disabled persons and the vehicle is used for the purpose of transporting those persons per CVC §§5007(a)(3), 22511.55(a)(4). I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF APPLICANT OR ORGANIZATION AUTHORIZED REPRESENTATIVE	DATE
X	

SECTION 5 — AUTHORIZED MEDICAL PROVIDER'S INFORMATION

MEDICAL PROVIDER'S NAME (LAST, FIRST, MIDDLE)		MEDICAL LICENSE NUMBER	
Chris Byrne		E4236	
MEDICAL PROVIDER'S ADDRESS (INCLUDE ST. AVE, RD., CT. ETC.)		ROOM/SUITE NUMBER	DAYTIME TELEPHONE NUMBER
1101 Las Tablas		K	(805) 434-2009
CITY	COUNTY	STATE	ZIP CODE
Templeton	SLO	CA	93465

IMPORTANT: CONTINUE TO NEXT PAGE
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PAGES TWO AND THREE