ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
www.revenue.alabama.gov

MVR 32-6-230
12/21

Application For Disability Access Parking Credentials

Return this application to your local licensing office

OFFICIAL USE ONLY
PLACARD AND/OR LICENSE PLATE NUMBER ASSIGNED
_____
_____

APPLICANT INFORMATION

Disability Access parking credentials may be issued to an individual with a disability or a parent, stepparent, or legal guardian of an individual with a disability. Applicants with permanent disabilities are eligible for two (2) disability placards per person **OR** one (1) placard per person **AND** one (1) license plate decal per vehicle. There is no fee for placards or decals. Organizations that transport individuals with disabilities are eligible to apply for a Disability Access license plate decal.

☐ **Individual** ☐ **Parent, Stepparent, or Legal Guardian of an individual with a Disability** ☐ **Organization**

APPLICANT NAME			COUNTY		TELEPHONE NUMBER
					( )
PHYSICAL ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)		
CITY	STATE	ZIP	CITY	STATE	ZIP
DRIVER'S LICENSE (OR NON-DRIVER ID)	ISSUING STATE	EXPIRATION DATE (MONTH/YEAR) /	EMAIL ADDRESS		

FEDERAL EMPLOYER IDENTIFICATION NUMBER (ORGANIZATION ONLY)

CREDENTIALS BEING REQUESTED:

☐ **DISABILITY ACCESS LICENSE PLATE DECAL: (Permanent Disability only)**

☐ **DISABILITY ACCESS PLACARD(S)**

APPLICATION TYPE:

☐ **NEW** ☐ **RENEWAL**

☐ **REPLACEMENT**

Please select reason for replacement below:

☐ **Lost** ☐ **Stolen** ☐ **Mutilated**

Applicant certifies, under penalty of perjury, that the applicant meets the requirements necessary to receive disability access parking credentials.

_____ _____
APPLICANT SIGNATURE DATE

REQUIREMENTS AND CERTIFICATION

An individual with qualified disabilities must obtain certification from a licensed physician, certified registered nurse practitioner, or certified nurse midwife prior to the initial issuance of disability access credentials. An individual with permanent disabilities may self-certify their qualifying disability if they are renewing their disability access credentials. A separate certification is not required to obtain replacement disability access credentials.

An individual with disabilities which limits or impairs their ability to walk means (check all that apply):

☐ Cannot walk two hundred feet without stopping to rest;

☐ Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;

☐ Are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm.hg on room air at rest;

☐ Use portable oxygen;

☐ Have 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;

☐ Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Please check below the length of disability:

☐ Permanent Disability.

☐ Temporary Disability *(period not to exceed six months).* Beginning Date: _____ Ending Date: _____

The undersigned affirms under penalty of perjury that the applicant has the specific disability(ies):

_____
AUTHORIZED SIGNATURE (Must be physician, certified registered nurse practitioner or certified nurse midwife signature) DATE

PRINTED NAME	MEDICAL LICENSE NUMBER (IF APPLICABLE)	( ) TELEPHONE NUMBER

OFFICE ADDRESS	CITY	STATE	ZIP