West Virginia Department of Transportation

# **Division of Motor Vehicles**



**Applicant MUST Enter SSN Here** 

## **Parking Application for a Mobility Impaired Person**

Mail to: Mobility Impaired Placards & Plates • PO Box 17030 • Charleston, WV 25317 Questions: 1-800-642-9066 • dmv.wv.gov

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DMV Completes Placard Detail Below							
Plate	Т						
and/or Placard	+		Н			Н	
Detail							

**PART I** • TO BE COMPLETED BY THE APPLICANT (You must follow the instructions provided on the back of this form.)

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Current License Plate # (INCLUDE SPACES)	Vehicle Identification Number		TITLE NUMBER				
License	Vehicle Identification Number		TITLE NUMBER				
Policy No.							
		Insuranc	e Company				
NAIC Number	Insurance Agent						
D.) Applicant's Certification							
I certify that I am a person with a mobilit that any false statement may result in le unable to do so. Please note your relation	gal penalties pursuant to West \						
(X)					1	/	
SIGNATURE OF APPLICANT <b>OR</b> SIGNATURE O	DF LEGAL GUARDIAN AND RELATION	NSHIP TO THE AP	PLICANT		DATE		
ART II • TO BE COMPLETED  3.) Patient Condition and Physiqpe of Condition:		PHYSICIA	N Temporary**•	Valid uլ	p to Six M	onths	
* Permanent: Expected	to last the duration of the applicant	t's life.       ** T	emporary: Of limited dura	tion and exp	ected to improv	e during the	applicant's lif
Patient cannot walk 200 feet without stop Patient cannot walk without the use of or Patient is restricted by lung disease to such the arterial oxygen tension is less than 60 Patient uses portable oxygen. Patient has a cardiac condition to the extension Heart Association. Patient is severely limited in their ability to	assistance from a brace, cane, crutc ch an extent the person's forced (res mm/hg on room air at rest. ent that their functional limitations a	piratory) expirato	ory volume for one second	, when meas	ured by spirome	etry, is less th	
MPLETE ALL OF PART II. FAILURE TO DO S ENSE'S ARE SUBJECT TO REVIEW FOR VERI							

Physician's Name (Please print in ink or type)	Medical License Number	е			Medical License Expiration Date	/	/
Business Address	City				State	Zip	
Signature (X)	Da	ate	/	/	Telephone Number	)	-

### **INSTRUCTIONS: Parking Application for a Mobility Impaired Person**

#### **ALL APPLICANTS MUST B E WEST VIRGINIA RESIDENTS**

- 1. The mobility impaired person MUST enter their Social Security Number in the light gray box on the upper right corner of the page. **DO NOT** write in the black box below the SSN field, it is for DMV use only.
- 2. The mobility impaired person completes **Section 1** and signs the application.
- 3. A licensed physician completes **Section 2.** (Licensed physician includes MD., DO., Chiropractor, Advanced Nurse Practitioner, and Physician's Assistant)
- 4. Applicants requesting a mobility impaired license plate must be listed on the registration of the vehicle listed in **Sub-Section C**.
- 5. The completed application can be processed at any DMV Regional Office or submitted by mail to the address listed below:

### Division of Motor Vehicles Mobility Impaired Placards and Plates

PO Box 17030 Charleston, WV 25317

#### **Placard Information**

- 1. When parked in a mobility impaired parking space, display the placard by hanging it on the rearview mirror, or, in the absence of a mirror post, on the dashboard.
- 2. If a parking placard or special license plate has been lost, stolen, mutilated or destroyed, a replacement may be requested at any DMV Regional Office or by mail to the DMV in Charleston. The cost of a replacement placard is \$5.00 per. The customer must complete a new application but a doctor's recertification is not required.
- 3. Permanent mobility impaired license plates expire each year or every other year. Renewal reminders will be mailed prior to expiration to the address you provided.

#### Situations that Warrant Returning Placards & Plates

- 1. The person to whom the permit has been issued is deceased or has moved out of state.
- 2. The person has found or has in his/her possession a permit that was not issued to that person.
- 3. The permit was reported lost or stolen and is later found after a duplicate has been issued.
- \*\*Special plates shall be surrendered to your local DMV Regional Office.
- \*\*A fine of up to \$500.00 may be assessed for filing fraudulent applications for a mobility impaired parking permit.

  This fine also applies to the misuse of a parking space reserved for persons with a walking mobility impairment.

#### **Important Information**

- \*\*It is unlawful to loan this placard to any person for any reason, regardless of whether that person is mobility impaired.

  The mobility impaired person does not have to own or drive the vehicle to use the placard.
- stPlacard should be hung from the rearview mirror when parked but should be removed from the mirror when driving.
- \*\*Local governments designate parking spaces for persons with mobility impairments by local law or ordinance. Contact your local government if you have a question about designated parking for the mobility impaired.