MICHIGAN DEPARTMENT OF STATE

Disability Parking Placard Application

Office Use Only:

Expiration Date:
Placard Number:

Directions:
Applicants please complete and sign Part 1. Your physician, chiropractor, optometrist, nurse practitioner, or physician's assistant must complete Part 2 and the certification on the bottom of this page. If you also qualify for free parking, your physician, chiropractor, optometrist, nurse practitioner, physician's assistant, or physical therapist must also complete Part 3. Organizations applying for parking placards to provide transportation services for disabled persons complete Part 4. Completed applications may be presented at any Secretary of State branch office or mailed to the address on the reverse side of this form. **(Application cannot be processed without signed release of information and physician's certification.)**

Part 1: Release of Information and Signature

I am applying for a disability parking placard as provided in Public Act 300 of 1949. I authorize the release of the medical information described below to the Michigan Department of State. I certify the information is true and realize by making a false statement on this application I am subject to the penalties described on the reverse side of this form.

PLEASE **PRINT** OR **TYPE** INFORMATION REQUESTED
Asterisks (*) indicate required fields.

Name (First, Middle, Last)*	Date of Birth*	Michigan Driver's License or State ID Card #*
Street Address*	County*	Disability Plate Number (if any)*
City, State, Zip*	Daytime Phone Number* ( )	Last Parking Permit Number
Signature of Disabled Person* **X**	Today's Date*	Are you a Michigan resident?* YES NO
Signature of Representative (If presented by representative)* **X**		Representative's Driver's License Number*

Part 2: Medical Eligibility Standards and Physician's Determination

The Michigan Vehicle Code [MCL 257.19a] states that a disabled person be determined by a licensed physician, physician's assistant, chiropractor, nurse practitioner, physical therapist, or optometrist identifying one or more of the following characteristics which affect your patient's ability to walk.

Circle all letters that apply* Right Eye: Left Eye: Both Eyes: Visual field (in degrees):

a) Blindness. Corrected acuity level: 20/_____ 20/_____ 20/_____ _____

b) An inability to walk more than **200 feet** without having to stop and rest. Please provide the diagnosis for this ambulatory disability:
_____

c) Patient must use a wheelchair, walker, crutch, brace, or other ambulatory aid to walk.
Describe:_____

d) Patient has a lung disease from which the forced expiratory volume for one second, when measured by spirometry, is less than one liter, or from which the arterial oxygen tension is less than 60mm/hg of room air at rest.

e) Patient has a cardiovascular condition which measures between 3 and 4 on the New York Heart Classification Scale, or which renders the patient incapable of meeting a minimum standard for cardiovascular health established by the American Heart Association and approved by the Michigan Department of Health and Human Services.

f) Patient has an arthritic, neurological, or orthopedic condition that **severely limits** ability to walk.
Describe: _____

g) Patient has persistent reliance upon an oxygen source other than ordinary air.

Physician's Certification **A parking placard will be issued solely on the physician's evaluation**

Patient's condition is*: Permanent ☐ Temporary ☐ If temporary, estimated duration:_____months (maximum 6 months)

Physician's Name*	Medical Specialty*	Office Telephone*
Street Address*	City, State, Zip*	Office Fax*

I certify the person listed above is eligible for a disability placard as provided in Public Act 300 of 1949. I also understand that making a false statement to obtain a disability parking placard is a misdemeanor and may result in fines, imprisonment, or both.

Medical License Number**	**Physician's Signature*** **X**	Date*

**If the medical license was issued in a state other than Michigan, the Physician/Physical Therapist must submit a copy of their medical license.
NOTE: If the individual listed above is also eligible for free parking, Part 3 on the reverse side of this application must also be completed.

Part 3: Free Parking Application and Physician's Certification (Complete Parts 1, 2, and 3)

The free parking application is completed **only when the applicant qualifies for free parking**. To qualify, your patient must be a Michigan licensed driver, have an ambulatory disability described in Part 2, and have one of the following conditions. Economic need is not a consideration.

Circle all letters that apply:

a) The patient cannot insert coins or tokens in a parking meter or cannot accept a ticket from a parking lot machine due to a lack of fine motor control of *both* hands.

b) The patient cannot reach above their head to a height of 42 inches from the ground, due to a lack of finger, hand, or upper extremity strength or mobility.

c) The patient cannot approach a parking meter due to use of a wheelchair or other ambulatory device.

d) The patient cannot walk **more than twenty feet** due to an orthopedic, cardiovascular, or lung condition in which the degree of debilitation is so severe that it almost completely impedes the patient's ability to walk. (A condition requiring applicant to rest after walking twenty feet when not using a wheelchair or other ambulatory device.)

I certify the person listed on the front of this application is also eligible for free parking as provided in state law [MCL 257.675]. I understand that making a false statement to obtain a free parking sticker is a misdemeanor and may result in fines, imprisonment, or both.

Physician's signature: X _____ **Date** _____

(Physician / Chiropractor / Physician's Assistant / Optometrist / Nurse Practitioner / Physical Therapist)

Part 4: Organization Request for Disability Parking Placards

PLEASE **PRINT** OR **TYPE** INFORMATION REQUESTED

Name of Organization	FEIN	County	Telephone Number ( )

Street Address	City, State, Zip

Describe the transportation services your organization provides to persons with disabilities:

Number of disability placards you are requesting:_____ (No more than one per vehicle used to transport clients.)

I am applying for a disability parking placard as provided in Public Act 300 of 1949 and certify the above information is true.

Signature of Organization Officer X	Printed Name of Organization Officer	Date

Organization Officer's Driver's License Number	Position (Title) Within Organization

Note: If the organization ceases to provide specialized services to disabled persons, the parking placard **must** be returned to the Secretary of State for cancellation.

Penalties

Michigan Vehicle Code Section 257.676 prohibits:

- Using a disability parking placard to park in a designated parking space unless the disabled person is driving or being transported.
- Altering, modifying, or selling a disability parking placard or free parking sticker.
- Copying or forging, or using a copied or forged disability parking placard or free parking sticker.
- Making a false statement to obtain a disability parking placard or free parking sticker or committing a deception or fraud on a medical statement attesting to a disability.
- Knowingly using or displaying a disability parking placard that has been canceled by the Secretary of State.

A violation is a misdemeanor and punishable by a fine up to $500 or imprisonment for up to 30 days, or both. A law enforcement officer may immediately confiscate a disability parking placard for improper use.

Return completed applications to any Secretary of State branch office or mail to:

Michigan Department of State
Internal Services Section
PO Box 30764
Lansing, MI 48918

If you have any questions regarding disability parking placards, please call the Department of State Information Center at 1-888-767-6424.

Authority granted under Public Act 300 of 1949, as amended.