




# Application for Disability Parking Tags & Placard

Use this form to apply for disability parking tags (license plates), placard, or both.

## What are you requesting?

**Check only one:**       New Application       Renewal

**Check all that apply:**       Disability Parking Tags       Disability Parking Placard




## Tell us about yourself.

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Washington, DC** **ZIP:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I confirm that my application is true to the best of my knowledge. I understand that my disability parking tags and/or placard is/are for my use only and are non-transferable. A designated driver may display the placard only if I am a passenger.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Who will certify your disability? (check only one)

*A false statement on this form is a violation of DC law and subject to a fine of up to \$1,000, imprisonment up to 180 days, or both.*

I am **self-certifying** in-person at a DMV Service Center that I am missing a lower extremity and/or am unable to walk without the aid of a motorized wheelchair.

A **medical practitioner** has examined me and completed the following questions:  
*This application MUST BE postmarked/hand-delivered/mailed within 60 calendar days from when a medical practitioner completes this section.*

<b>Medical practitioner must complete if not self-certifying</b>	<b>Does the person have a mobility impairment or limitation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Is the person limited in the ability to move without mobility aids (e.g. wheelchair, walker, crutches, cane, or long leg braces)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Does the person have a respiratory condition and/or other disease that limits mobility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Is the person's mobility impairment temporary or long-term?</b>	<input type="checkbox"/> Temporary: _____ to _____	
	<b>Please describe in detail the nature &amp; extent of the person's mobility impairment.</b>		
	<b>Practitioner's Signature:</b> _____		<b>Date:</b> _____
<b>Practitioner's Name:</b> _____		<b>Practitioner's ID #:</b> _____	

## Submit your application.

**Placard: No fee. | Tags: Include \$10 fee (check or money order payable to "DC Treasurer").**

<p>If you are <b>self-certifying</b> your mobility limitation:</p> <ul style="list-style-type: none"> <li>Bring this completed form and payment (if applicable) to a <a href="#">DMV Service Center</a>.</li> </ul>	<p>If a <b>medical practitioner</b> is certifying your mobility limitation:</p> <ul style="list-style-type: none"> <li><b>For placards:</b> Submit the application online at <a href="https://formsmarts.com/form/1k44">formsmarts.com/form/1k44</a>; or fax it to 202-673-9908.</li> <li><b>For tags:</b> Mail the application and payment to: DC Department of Motor Vehicle, PO Box 90120, Washington, DC 20090.</li> </ul>
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