



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/emailed within 60 calendar days from when a medical practitioner completes this section.

Medical practitioner must complete if not self-certifying

Does the person have a mobility impairment or limitation?

Yes

No

Is the person limited in the ability to move without mobility aids (e.g. wheelchair, walker, crutches, cane, or long leg braces)?

Yes

No

Does the person have a respiratory condition and/or other disease that limits mobility?

Yes

No

Is the person's mobility impairment temporary or long-term?

Temporary:

_____ to _____

Long-term

Please describe in detail the nature & extent of the person's mobility impairment.

Practitioner's Signature:

Date:

Phone:

Practitioner's Name:

Practitioner's ID #:

Submit your application.

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

If you are **self-certifying** your mobility limitation:

- Bring this completed form and payment (if applicable) to a [DMV Service Center](#).

If a **medical practitioner** is certifying your mobility limitation:

- For **placards**: Submit the application online at bit.ly/disabilityplacardtagform; or fax it to (202) 673-9908.
- For **tags**: Mail the application and payment to:
- DC Department of Motor Vehicle | PO Box 90120 | Washington, DC 20090.