MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
Phone: (651) 297-3377 Web: drive.mn.gov

FOR CENTRAL OFFICE USE ONLY

APPLICATION FOR DISABILITY PARKING CERTIFICATE

DISABLED INDIVIDUAL SECTION

To be completed by or for the person with a disability

Full Name (Please Print) Last, First and Middle | Date of Birth

Street Address

City | State | Zip

Is applicant a Minnesota Licensed driver? ☐ Yes ☐ No Does applicant have a Minnesota Identification Card? ☐ Yes ☐ No

Minnesota License /ID Number

If no MN DL or ID please explain:

Has applicant ever had a Minnesota Disability Parking Certificate ☐ Yes ☐ No Minn. disability license plates? ☐ Yes ☐ No
List certificate and/or plate #: ____________________

☐ Check here if this application is for two parking certificates*
Two certificates are not an option if applicant has disability license plates

☐ Check here if this application is for a second parking certificate
Limit 2 per applicant without disability license plates.

If applying for replacement, check reason: ☐ Lost ☐ Stolen ☐ Damaged ☐ Other; Please Explain: ____________________

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What is the purpose of supplying the requested information?

The Department of Public Safety and Driver Vehicle Services ("DPS-DVS") collects the information on this form for identification and record keeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes section 13.04 subdivision 2.

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse, however; DPS-DVS may consider your application incomplete and not issue a disability certificate.

Who will have access to the requested information?

DPS-DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide to apply for a disability parking certificate is classified by 18 U.S.C section 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13 and is subject to the disclosure in accordance with these laws.

I hereby certify the above information is complete and accurate to the best of my knowledge. I also give permission to the Health Professional to supply the information requested.

Date: ____________________ Signature: ____________________

*Non-residents may apply for temporary disability parking certificates or use the parking certificate issued in their state of residence.

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HEALTH PROFESSIONAL MEDICAL STATEMENT SECTION

Certificate Type:

Fee: $5 ea. ☐ **Temporary** 1 to 6 Months	**Must Specify** →	**Certificate Expiration Date** _________ / _________ Month Year	**IMPORTANT!** If no date is indicated the certificate will be issued for the *minimum* duration of certificate type.
Fee: $5 ea. ☐ **Short Term** 7 to 12 Months	**Must Specify** →		
No Fee ☐ **Long-Term** 13 to 71 Months	**Must Specify** →		
No Fee ☐ **Permanent Physical disability issued for 6 years**			

The applicant must meet one or more of the definition(s) of a "*physically disabled person*" described below:

- Check which definition(s) the applicant meets. Cognitive disabilities do not qualify (see back)
- Listing "symptoms" such as **Back Pain, Leg Pain, etc.** will require further explanation, causing delays in issuance
- **Incomplete/missing information will cause significant delays in issuance**

The Applicant:

☐ 1. Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.

☐ 2. Uses portable oxygen

☐ 3. Has an arterial oxygen tension (PAO_2) of less than 60 mm/Hg on room air at rest.

☐ 4. Is restricted by a respiratory disease to such an extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter.

☐ 5. Has lost an arm or leg and does not have or cannot use an artificial limb.

Disability Definitions 6-9 below must state the *specific diagnosis* of the condition causing disability.

☐ 6. Due to disability, uses a wheelchair or cannot walk without the aid of:
Another Person; A Walker; A Cane; Crutches; Braces; A Prosthetic Device; or other Assistive Device; ______________
(Specify Diagnosis of condition causing Disability): ______________________________

☐ 7. Has a disability that would be aggravated by walking 200 feet under normal environmental conditions to an extent that would be life-threatening
This condition is: ______________________________

☐ 8. Due to disability cannot walk 200 feet without stopping to rest
This condition is: ______________________________

☐ 9. Cannot walk without a significant risk of falling
This condition is: ______________________________

Failure to answer this question will result in a request for a medical report.
Is the applicant qualified, in all medical respects, to exercise reasonable and ordinary control over a motor vehicle?

☐ Yes, no adaptive equipment needed.

☐ Yes, with adaptive equipment; equipment required: ______________________________

☐ No, please specify: ______________________________

I certify, by my signature as a licensed Physician, Physician's Assistant, Advanced Practice Registered Nurse, Chiropractor, or Physical Therapist that in my professional opinion ______________________(Patient's Name) meets the definition of physically disabled person and is entitled to a disability parking certificate. I would be guilty of a misdemeanor and subject to a fine of $500 for fraudulently certifying the applicant.

Signature & Title	Date	Print Name

Telephone Number	Street Address, City, State and Zip Code

Deputy Stamp

☐ No Fee Paid
☐ $5 Fee Paid
☐ $10 Fee Paid (2 Tags)

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