



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Phone: (651) 297-3377 Web: dvs.dps.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

Is applicant a Minnesota Licensed driver? Yes No

Does applicant have a Minnesota Identification Card? Yes No

MN License/ID Number

If no MN DL or ID please explain:

City

State

Zip

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* Check here if this application is for a second parking certificate

*Two certificates are not an option if applicant has disability license plates

Limit 2 per applicant without disability license plates.

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

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.

HEALTH PROFESSIONAL MEDICAL STATEMENT SECTION

Certificate Type:

Fee: \$5 ea. Temporary 1 to 6 Months

Must Specify →

Certificate Expiration Date

Fee: \$5 ea. Short Term 7 to 12 Months

Must Specify →

Month / Year

No Fee Long-Term 13 to 71 Months

Must Specify →

No Fee Permanent Physical disability issued for 6 years

IMPORTANT!

If no date is indicated the certificate will be issued for the *minimum* duration of certificate type.

Deputy Stamp

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 (PAO₂) 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: _____

Is the applicant qualified, in all medical respects, to exercise reasonable and ordinary control over a motor vehicle?

Yes Yes, with adaptive equipment No, please specify: _____

Failure to answer this question will result in a request for a medical report.

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