

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES  
**APPLICATION FOR DISABLED PERSON PARKING PERMIT**  
\*\*\*\*\*SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY\*\*\*\*\*  
[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

Please Print/Type below

**APPLICATION BY DISABLED PERSON (See Warning Below)**

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes. I further state that my physician or other certifying practitioner has completed the statement of certification below on my behalf, as required in section 320.0848, Florida Statutes.

Name of Disabled Person as printed on their Florida Driver License or Florida ID Card		Signature of Disabled Person or Guardian of the Disabled Person	
Date of Birth:	Sex:	Disabled Person's E-mail Address:	Date Signed:
Address:		City:	State:
Florida Driver License or Florida ID Number:		City:	State:
(Required for permanent and temporary parking permits unless exception is noted by physician below) If applicable, check one of the following: <input type="checkbox"/> I am a frequent traveler. <input type="checkbox"/> I am a quadriplegic.			

**PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION (See Warning Below)**

**TEMPORARY PERMIT:** This is to certify that the applicant named above is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary specific disability (ies) checked below (a-g), the disabled person parking permit should be issued from \_\_\_\_\_ (date) through \_\_\_\_\_ (date).

**PERMANENT PERMIT:** This is to certify that the applicant named above is legally blind or is a disabled person with a permanent disability (ies) that limits or impairs his/her ability to walk 200 feet without stopping to rest. The specific disability (ies) type is/are checked below (a-g).

**DISABILITY TYPE:**

- a. Legally Blind (This is the only disability an Optometrist can certify.)
- b. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.
- c. The need to permanently use a wheelchair.
- d. Restricion by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
- e. Use of portable oxygen.
- f. Restricion by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- g. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.

**WARNING:** Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000 or both.

Certification or License No. (Required)		Optometrist, Advanced Registered Nurse Practitioner under the protocol of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Chapter 458 or 459.	
Print/Type Name of Certifying Authority		Business Address	
City:		State:	
Date Signed:		Date Signed:	
Certifying Authority Signature		Certifying Authority Signature	
SPECIAL EXCEPTION: The severely disabled applicant named above applying for a permanent placard is unable to obtain a Florida driver license or identification card. If the Special Exception box is checked, the certifying physician must provide his/her signature and date signed below. If the Special Exception box is checked, one of the conditions in boxes a-g above must also be checked.			

**APPLICATION BY AN ORGANIZATION (See Warning Above)**

This is to certify that \_\_\_\_\_ provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of Vehicles in fleet for this purpose:		FEID NUMBER:		Organizations E-mail Address:	
Signature of Organization's Authorized Representative		Date Signed:		City:	
Address:		State:		Zip:	

**TAX COLLECTOR USE ONLY**

Agency Personnel Processing this Application	County	Agency	Date
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