

Application For Physically Disabled Parking Permit And License Plates

MV-044
Revised
04/08

Submit the completed form to your local county treasurer

FOR COUNTY USE ONLY/ ID #

Section A. Type of permit applying for: Check all permits that apply (See Section D for medical certification, required for all permits.)

Permanent Portable Permit (Permanent permits must be renewed every five years and a doctor certification is not required upon renewal.)	Temporary Portable Permit (Issued for a temporary disability not to exceed twelve months.)
Renewal of Permanent Portable Permit (This permit is renewable 90 days prior to expiration date and a doctor certification is not required.)	Renewal of Temporary Permit (See Section D for medical certification)
Two Portable Permits Requested (Permanent Permit Only)	License Plates
A Second Portable Permit Requested (Permanent Permit Only)	Replacement of Special License Plate (\$10.00 duplicate plate fee, \$4.00 mailing fee and affidavit for duplicate plates.) Reason for replacement: _____
Original Permit/DP Number:	Previous Expiration Date:

Section B. To be completed by/for person with certifiable disability (see Section D for medical certification)

Name		Date of Birth	
SD Driver License # or Social Security #			
Physical Address	City/County	State	Zip Code

Section C. To be completed for application of physically disabled person license plates. Vehicle must be titled in the name of the person applying for the special plates. (NOTE: A \$4 fee required for each set of license plates to be mailed)

Vehicle Year	Weight	Make
Serial Number	Title Number	Model
Body Type	Current License Number	Decal Number
Do you currently hold a permanent portable parking permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give permanent parking permit number: _____		

Signature

I hereby request that a portable physically disabled parking permit or license plates be issued in the name of the applicant (certified applicant). I certify that the above information is accurate and by signing this application, I certify that I have read and understand this application pertaining to physically disabled parking responsibilities, uses and penalties and fines of using and displaying a physically disabled parking permit or special license plates. I further understand that it is a class 1 misdemeanor to submit a false or fraudulent application or to alter a permit. I also give permission to the applicant's physician to supply the information requested on this application.

Signature is By (Check one)

Medically Certified Applicant (print name) _____
 For Applicant By (print name and relationship) _____

Signature _____ Date _____

PHYSICIAN IS REQUIRED TO COMPLETE THE BACK SIDE OF THIS APPLICATION

Section D. To be completed by applicant's physician (ARSD 64:01:01:01)

A disability in and of itself is not a valid criterion for certification.

	Cannot walk 200 feet without stopping to rest.
	Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, a prosthetic device, a wheelchair, or another assistive device.
	Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
	Uses portable oxygen.
	Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to the American Heart Association leaflet, "The functional and therapeutic classifications of patients with diseases of the heart," in print on June 1, 1990.
	Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition

Please check applicable condition of applicant

<input type="checkbox"/>	Applicant's physical disability is permanent. (If checked, portable permit must be renewed every five years, but does not require doctor certification upon renewal.)
<input type="checkbox"/>	Applicant's physical disability is temporary. (Portable permit can be issued for a maximum length of one year.) Date of onset <u> / / </u> Expected date of recovery <u> / / </u>

Physician Note: Permissive use of physically disabled parking facilities should only be approved in those situations where an applicant's physical or medical condition is such that it is impossible or causes severe physical hardship on the applicant to use parking facilities other than those reserved for physically disabled parking.

Physician's Statement: Under punishment of perjury, in my opinion the applicant meets one or more of the six conditions listed under ARSD 64:34:01:01:01 and entitles the applicant to receive a permanent or temporary portable permit, or license plates as provided under South Dakota law and regulation.

Physician's Name	Address	Phone
Physician's Signature		Date

COUNTY TREASURER'S SECTION (MUST BE COMPLETED)

Permit Number: _____ Issue Date: _____
License Plate Number: _____ Exp Date: _____