

APPLICATION FOR DISABILITY PLATES/PLACARD

BMV ENTERED

<input type="checkbox"/> Disability Placard or <input type="checkbox"/> Disability Plate(s) <input type="checkbox"/> Permanent Re-Issue For Plates, please attach a copy of your current registration		<u>BMV Use Only</u> Placard# _____ _____ Plate # _____ Issue Date: _____ Exp. Date: _____ Returned#: _____ Replaced#: _____ Issued by: _____
Applicant Name:		Completed forms may be processed at any BMV branch office or mailed/faxed to: Bureau of Motor Vehicles Disability Clerk 29 State House Station Augusta, ME 04333-0029 TTY Users call Maine Relay 711 FAX: (207) 624-9204 Phone: (207) 624-9000 Ext. 52149
Mailing Address:		
DOB:	Driver's License or ID # and Expiration Date:	
Phone:	State of Issue:	
Contact Name:		
Applicant's Signature: _____		Date: _____
APPLICANT'S STATEMENT OF UNDERSTANDING		
I may park in a disability parking space when the vehicle is occupied by the disabled person and the vehicle is properly displaying disability plates or a placard. I understand permanent disability applications are valid until my current driver's license or state ID card expires; if I want to continue my permanent disability parking credentials beyond that expiration, I must complete the top portion of an application, mark it as Permanent Re-Issue and visit a BMV branch office or mail/fax it to the BMV main office.		
MEDICAL PROVIDER'S STATEMENT		
Condition is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary for a period of _____ months (6 months maximum)		
Please check one of the following conditions: <input type="checkbox"/> Cannot walk two hundred feet without stopping to rest. <input type="checkbox"/> Cannot walk without the use of, or assistance from another person or the use of a brace, cane, crutch, prosthetic device, wheelchair, or other assistive device. <input type="checkbox"/> Is restricted by lung disease to such an extent that the person's forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest. <input type="checkbox"/> Uses portable oxygen. <input type="checkbox"/> 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 standards set by the American Heart Association. <input type="checkbox"/> Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.		
Is recovering from childbirth: TEMPORARY PLACARD ONLY - <i>check appropriate box below</i> <input type="checkbox"/> Cesarean delivery – valid for 1 week following receipt of application; <input type="checkbox"/> For the birth of a preterm infant, valid for _____ (specify length of time, not to exceed 6 months)		
Medical Provider: <input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Nurse		
Printed Name:	Date:	Medical Lic #:
Signature:	Phone:	Fax #:
Address:	21-Day Temp # Issued:	