



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
www.revenue.alabama.gov

MVR 32-6-230
9/21

Application For Disability Access Parking Credentials

Return this application to your local licensing office

OFFICIAL USE ONLY
PLACARD AND/OR LICENSE
PLATE NUMBER ASSIGNED

APPLICANT INFORMATION

Disability Access license plate decal(s) and placard(s) may be issued to an individual with a disability or a parent, stepparent, or legal guardian of an individual with a disability.

Individual Parent, Stepparent, or Legal Guardian of an individual with a Disability Organization

Form fields for Applicant Name, County, Telephone Number, Physical Address, Mailing Address, City, State, ZIP, Driver's License, Issuing State, Expiration Date, Email Address, and Federal Employer Identification Number.

CREDENTIALS BEING REQUESTED:

- Disability Access License Plate Decal: (Permanent Disability only)
Disability Access Placard(s)

APPLICATION TYPE:

- New Renewal
Replacement

Please select reason for replacement below:

- Lost Stolen Mutilated

Applicant certifies, under penalty of perjury, that the applicant meets the requirements necessary to receive disability access parking credentials.

APPLICANT SIGNATURE

DATE

REQUIREMENTS AND CERTIFICATION

An individual with qualified disabilities must obtain certification from a licensed physician, certified registered nurse practitioner, or certified nurse midwife prior to the initial issuance of disability access credentials.

An individual with disabilities which limits or impairs their ability to walk means (check all that apply):

- Cannot walk two hundred feet without stopping to rest;
Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
Are 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;
Use portable oxygen;
Have a 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;
Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Please check below the length of disability:

- Permanent Disability.
Temporary Disability (period not to exceed six months). Beginning Date: Ending Date:

The undersigned affirms under penalty of perjury that the applicant has the specific disability(ies):

AUTHORIZED SIGNATURE (Must be physician, certified registered nurse practitioner or certified nurse midwife signature)

DATE

PRINTED NAME

MEDICAL LICENSE NUMBER (IF APPLICABLE)

TELEPHONE NUMBER

OFFICE ADDRESS

CITY

STATE

ZIP