KANSAS Department of Revenue Division of Vehicles www.ksrevenue.org/dmv



CERTIFICATION OF DISABILITY FOR DISABLED PARKING PLACARD AND/OR PLATE



Application for disabled placards, plates and ID card must be made at YOUR County Treasurer's Local Motor Vehicle Office

Busin	of Disabled Indivi	dual, 			
Phys Addı			City		KS ZIP
		Date of Birth	_	ale Female	
	licant's		Phone	<u>—</u>	
	ature		Numb	per:	Date
PLE	EASE CHEC	K APPROPRIATE	APPLICATION(S)	<u>.</u>	
) replacement placard.* No Licen	-	needed for replacement placard.
		•	lacard, Current Disabled ID Card		
			ATION (50¢ reflective plate f IT disabled may apply for a	/	
I, the u	ndersigned, certify that	the above named agency or busines	MUST CERTIFY AND SIGN is responsible for the transportation		sabled as per K.S.A. 8-1,124, as out lined
below,	thus qualifying for acce	ssible parking privileges.			
Author	ized Representative or (Owner Signature (Rubber Stamp	NOT Acceptable)	Title	Date
I. the	undersigned license	rofessional must certify ed professional, certify that (all led as per Kansas Statute 8-	Disabled Individual's Name) 1,124, due to at least one (1) o	r more of the following: (Must check at least one)
	Has a severe vis		1,124, due to at least one (1) o	i more of the following. (with the check at least one.
		•	ut stopping to rest (Violatior	n KSA 8-1,130);	
	3. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;				
□ 4.			tent that the person's forced liter, or the arterial oxygen t		volume for one second, when mm/hg on room air at rest;
	Uses portable ox	• •			
□6.		ondition to the extent that the and and set by the America		ations are classified in s	everity as Class III or Class IV
□ 7.	Severely limited	in their ability to walk at le	ast 100 feet due to an arthr	itic, neurological, or orth	opedic condition.
I certify	that I am aware of the	penalties provided by KSA 8-1,130	O(a)(b) listed on the back of this applie	cation.	
Licens	sed Professional's S	signature* (Rubber stamp n	not acceptable)	Medical Title	Date
(DF	PM), Licensed Opton	netrist (OD), licensed physician	this form: Dr. of Medicine (MD), assistant (PA), advanced regist ence Journal. (KSA Chapter 65, A	ered nurse practitioner (ARN	of Chiropractic (DC), Dr. of Podiatric P) registered under KSA 65-1131 or
MUS	T check one (1)	of the below and provide	e requested information:	,	
	TEMPORA	· · · · · · · · · · · · · · · · · · ·	To (Date)		PERMANENT
	d / Typed Name	** Six (6) Month	ns is the MAXIMUM Duration for	a <u>Temporary</u> Placard.	
of Lic	ensed Professional	May be signed by a	a Healing Arts Professional license		one No
Printed	d: Address		City		State ZIP

INSTRUCTIONS

- Disabled individual **shall** be a Kansas resident.
- Application **shall** be signed by the disabled individual, representative or vehicle owner.
- The personal disabled identification card **shall** be carried by the person to whom it is assigned when using disabled parking privileges.
- Disabled license plate will require a 50¢ reflective plate fee. Application for a disabled license plate must be made at your local county treasurer's motor vehicle office.
- A disabled individual may select one of the following disabled parking choices:
 - ➤ One (1) disabled license plate and/or one (1) placard, or
 - Two (2) placards, but **NO** disabled license plate.
- The permanent or temporary disabled placard **shall** be suspended from rear view mirror when using disabled parking privileges and may be transferred from one vehicle to another. **The placard is to be removed from the rear view mirror when the vehicle is being operated.** (KSA 8-1,125)
- Upon death of the disabled individual, both the disabled license plate and/or placard(s) and the personal disabled identification card **shall** be returned to the local county treasurer's office in exchanged for a regular county tag if applicable.
- The healing arts licensed professional's name **must** be printed/typed in the space provided. The licensed professional **must** sign the application. It can <u>NOT</u> be rubber stamped or initialed. A healing arts licensed professional is a: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), or Dr. of Podiatric (DPM). A healing arts licensed professional from any state can sign this form. A licensed optometrist (OD), licensed physician assistant, advanced registered nurse practitioner registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal can also certify the form. A RN or LPN, <u>cannot certify/sign this form</u>.
- The disabled identification card **shall** be available upon demand if the disabled individual is using any disabled parking privilege. If the disabled individual is not in the vehicle or the disabled individual does not have his or her ID card available upon demand, **the vehicle is NOT entitled to use the disabled parking privilege.**
- The owner's receipt of the application for TEMPORARY placard **shall** be carried by the person it is issued to when using assessible parking. (K.S.A. 8-1,125)

In addition to being eligible to park at marked accessible parking places, disabled persons having a valid disabled plate or placard displayed on or in the vehicle may also park at parking meters for a period of time not to exceed 24 hours and will be exempt from any parking fees of the state or any city, county or other political subdivision. (KSA 8-1,126)

PENALTY

Any person who willfully and falsely represents him/herself as having the qualifications to obtain a special license plate, a permanent placard and an individual identification card or temporary placard pursuant to this act shall be guilty of a class C misdemeanor. Any person who falsely utilizes any parking privilege, shall be guilty of an unclassified misdemeanor punishable by fines of not less than \$100 nor more than \$300. (K.S.A. 8-1,130(a)(b) Violators may also be subject to additional penalties where imposed by local ordinance.