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WASHINGTON STATE DEPARTMENT OF LICENSING

Disabled Parking Application for Individuals

Once you and your healthcare provider have completed the appropriate sections, **take this application AND A SEPARATE signed authorization from your healthcare provider to any vehicle licensing office** or mail to: Special Plate Unit, Department of Licensing, PO Box 9043, Olympia, WA 98507.

Applicant

PRINT or **TYPE** Name *(Last, First, Middle initial)*			Date of birth (mm/dd/yyyy)	
Mailing address *(PO Box or street address and apartment number, if applicable)*	City		State	ZIP code
(Area code) Daytime phone	Email	Current license plate, if applicable	Registration expiration, if applicable	

X Complete this section and print; applicant or authorized representative signs here

Applicant or authorized representative signature

Parking privilege options

Your healthcare provider will determine if you get temporary or permanent disabled parking.

- **Temporary placard** – valid for 1 year or less. Only one placard will be issued (no fee required). A new application is required to renew.
- **Permanent disabled parking** – valid for 5 years. You must be the registered owner of the vehicle that has permanent plates or tabs. Before your privilege expires, we will send you a renewal notice.

Permanent disabled parking choices *(choose only one)*

☐ **Placard only** – no fee required
Number of placards: ☐ 1 ☐ 2

☐ Permanent plates – fee required (see dol.wa.gov for current fees)
Select one: ☐ 1 placard and 1 set of license plates ☐ 1 set of license plates

☐ Disabled parking tab for specialty or personalized plates – fee required (see dol.wa.gov for current fees)
Select one: ☐ 1 disabled parking tab ☐ 1 placard and 1 disabled parking tab

☐ Disabled parking tab for WATV – fee required (see dol.wa.gov for current fees)
Select one: ☐ 1 disabled parking tab ☐ 1 placard and 1 disabled parking tab

You will receive an identification (ID) card 2 to 4 weeks after we process your application. Keep it with you to show law enforcement, if asked.

Healthcare provider – Doctor, physician, or licensed registered nurse practitioner fills out this section.

You must provide a separate signed authorization stating: (1) the applicant's name and (2) they have a condition which qualifies them for disabled parking privileges. This authorization must be on prescription paper or your office letterhead. If this application is printed on prescription paper, it meets both the application and authorization requirements. Return this form and your signed authorization to the applicant.

PRINT or **TYPE** Name	Professional classification	Professional license number
Office address *(Street address, City, State, ZIP code)*		(Area code) phone number

Privilege duration

☐ Permanent ☐ Temporary for: _____ months (up to 12 months)

Answer the following

☐ My patient meets one of the following qualifying conditions:

- Cannot walk 200 feet without stopping to rest or must use assistive device
- Walking severely limited due to arthritic, neurological, or orthopedic condition
- Uses portable oxygen or walking restricted by lung disease
- Class III or IV impairment by cardiovascular disease
- Acute sensitivity to auto emissions that limits ability to walk
- Legally blind with limited mobility
- Restricted by porphyria (applicant benefits from a decrease in exposure to light)

I certify under penalty of perjury under the laws of the state of Washington that the applicant named above has a medical necessity that severely affects mobility or involves acute sensitivity to light.

Date and place (city or county) signed

X Physician signs here.

MD, DO, DC, DPM, ND, ARNP, or PA **ONLY** signature

A parking permit for a person with disabilities may be issued only for a medical necessity that severely affects mobility or involves acute sensitivity to light (RCW 46.19.010). An applicant or healthcare practitioner who knowingly provides false information on this application is guilty of a gross misdemeanor. The penalty is up to 364 days in jail and a fine of up to $5,000 or both. In addition, the healthcare practitioner may be subject to sanctions under chapter 18.130 RCW, the Uniform Disciplinary Act.

RCW 46.19 WAC 308-96B-010, 308-96B-020

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