



**STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES**



**SELF CERTIFICATION FOR SPECIAL LICENSE PLATE OR
PARKING ID PLACARD FOR PERSONS WITH DISABILITIES**

Driver License/ID No: _____

Applicant's Name: _____

Street Address: _____

City, State, Zip: _____

**INDIVIDUAL MUST BE OWNER OF VEHICLE OR HOUSEHOLD MEMBER TO
QUALIFY FOR A SPECIAL LICENSE PLATE (COMPLETE BELOW)**

Plate Number: _____ Make/Year of Vehicle: _____

Vin Number: _____ Gross Weight of Vehicle: _____

**I certify, under penalty of the law, that my medical condition has not changed, and I still
require a permanent special license plate and/or parking id placard.**

Signature of Applicant: _____ Date: _____

Approved: _____

DMV Specialist

FOR OFFICE USE ONLY

Current Placard No: _____ Special Parking Plate No: _____

Renewal Placard No: _____
