



APPLICATION FOR DISABLED PARKING PLACARD/PLATE

THIS SIDE OF THE APPLICATION MUST BE COMPLETED IN THE DISABLED PERSON'S NAME

Disabled person must be a Massachusetts resident. Please note the information required in this application may affect your license status.

- Incomplete applications will not be processed.
- **Both disabled person and medical professional signatures are required.**
- This application must be submitted to the RMV within thirty (30) days of the healthcare provider's certification.
- Additional documentation may be required.

REPORT OF CERTAIN MEDICAL CONDITIONS MAY RESULT IN LOSS OF LICENSE

A. Disabled person's information (please print)

Last Name	First Name	Middle	Gender
Address	City/Town	Zip Code	
Date of Birth	Social Security Number (SSN)	Height	Telephone Number
Driver's License Number or Mass I.D. Number			

B. Is this the first time you have submitted an application for a disabled parking placard/plate?

- Yes
- No - Please print your current disabled parking placard or plate number _____

C. I am applying for the following:

- Placard** No fee required for a placard.
- Plate** Only issued to individuals who have a vehicle registered in his/her name. Registration fees apply.
- Motorcycle Plate** Only issued to individuals who have a vehicle registered in his/her name. Registration fees apply.
- DV Plate** Only issued to individuals who a) have a vehicle registered in their name; b) meet Medical Affairs guidelines; c) provide the DV (Disabled Veteran) Plate letter from the Veteran's Administration stating that the disability is at least 60% service connected.

D. Important Information – PLEASE READ

It is illegal . . .

- To allow someone to use your placard, if you are not in the vehicle.
- For an individual to have more than one permanent placard.
- To provide false information to obtain a placard or disabled person plates.
- To possess or display a counterfeit placard.
- To forge a doctor's signature.
- To provide false information (Persons can be prosecuted under Massachusetts law.)
- To alter a placard.

E. Applicant's signature and certification

- I have read the "Important Information" in section "D" and fully understand and take responsibility for the use of the disabled placard or plates that are issued to me.
- I certify under the pains and penalties of perjury that all the information provided in this application, including the representation of my medical status/condition, is true and correct to the best of my knowledge.
- **AUTHORIZATION TO RELEASE MEDICAL RECORDS** - I hereby authorize the healthcare provider completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.
- For applicants for DV plates, I hereby authorize the Veterans' Administration to release medical information concerning my service-connected disability rating(s).

Signature of disabled person (REQUIRED)

Date

