

<b>BMV OR DEPUTY USE ONLY</b>
PLACARD NUMBER
ISSUE DATE

OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR REMOVABLE WINDSHIELD  
PLACARDS**

SEE REVERSE SIDE FOR INSTRUCTIONS

**NOTE: A PRESCRIPTION FROM YOUR HEALTH CARE PROVIDER MUST BE SUBMITTED WITH THIS APPLICATION.**  
(Instructions are on page 2.)

Ohio Revised Code (R.C.) 4503.44 allows an applicant to obtain one removable windshield placard. A person with a disability that limits or impairs the ability to walk is entitled to request one additional placard that may be issued at the discretion of the Registrar. Consideration will be given only if the person applies separately for an additional placard and states the reason why the additional placard is necessary (additional fees apply). Please allow 10-15 business days for processing if the form is submitted by mail.

**INDICATE TYPE OF PLACARD REQUESTED**

<b>NOTE: Placard expiration date is determined by the length of time indicated on the prescription</b>		
<b>Temporary Placard</b> <input type="checkbox"/> \$5.00 (Duration: 6 months or less)	<b>Standard Placard</b> <input type="checkbox"/> \$5.00 (Duration: Over 6 months and up to 10 years) (NOTE: Organizations are only eligible for a Standard Placard)	<b>Permanent Placard (No Expiration)</b> <input type="checkbox"/> \$15.00
<b>Renewal (Standard Placard)</b> <input type="checkbox"/> \$5.00 (Do not renew more than 90 days from expiration date)	<b>Replacement Placard</b> <input type="checkbox"/> \$5.00 Temporary/Standard <input type="checkbox"/> \$15.00 Permanent Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen	<b>Additional Placard</b> <input type="checkbox"/> \$5.00 Temporary/Standard <input type="checkbox"/> \$15.00 Permanent List Reason:

Previous Placard Number \_\_\_\_\_ (applies only to renewal or replacement)

You may make a non-refundable donation to **Opportunities for Ohioans with Disabilities (OOD)** by checking the box below and entering the amount you wish to donate.

For more information, please visit <https://ood.ohio.gov/wps/portal/gov/ood/about-us/resources/donations-to-ood>.

I would like to donate \$ \_\_\_\_\_ to the Opportunities for Ohioans with Disabilities. **Add this to your total fees due.**

**TO BE COMPLETED BY APPLICANT**

**PLEASE PRINT OR TYPE**

NAME OF PERSON WITH A DISABILITY			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
DL / ID / SSN OF PERSON WITH A DISABILITY		TELEPHONE NUMBER	
SIGNATURE OF PERSON WITH A DISABILITY, NEXT OF KIN, OR CARE PROVIDER <b>X</b>			DATE SIGNED

**APPLICATION BY AN ORGANIZATION**

This is to certify that we are a private organization or corporation or any governmental board, agency, department, division, or office, that, as part of its business or program, transports people with disabilities (limited or impaired ability to walk) on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with special equipment for use by people with disabilities.			
NAME OF AUTHORIZED AGENT / OFFICER		TITLE / POSITION	
NAME OF ORGANIZATION		FEDERAL TAX ID / CHARTER NUMBER	
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
SERVICE PROVIDED FOR PERSONS WITH DISABILITIES			
SIGNATURE OF AUTHORIZED AGENT / OFFICER <b>X</b>			DATE SIGNED

**Warning: Knowingly making a false statement on this form constitutes falsification, a first-degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability (R.C. 2921.13).**

## CERTIFICATION FOR PRESCRIPTION (R.C. 4503.44)

**NOTE: A PRESCRIPTION FROM YOUR HEALTH CARE PROVIDER MUST BE SUBMITTED WITH THIS APPLICATION.**

- |  |   |
|--|---|
| 1. Cannot walk two hundred feet without stopping to rest.  | 4. Uses portable oxygen.  |
| 2. Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.   | 5. Has 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. |
| 3. Is 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 sixty millimeters of mercury on room air at rest. | 6. Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.   |
|  | 7. Is blind, legally blind, or severely visually impaired.  |

### THE PRESCRIPTION MUST STATE THE FOLLOWING INFORMATION

Original prescriptions required (copies are not acceptable)

- |   |   |
|---|---|
| 1. Name of the person with the disability.  | 4. Indicate the duration the disability is expected to last. The health care provider must specify an ending date or indicate the disability is permanent. Placards expire on the date specified by the health care provider. |
| 2. Indicate you are applying for a removable windshield placard or similar wording.   | 5. The application will be rejected if the prescription requirements are not met.   |
| 3. The health care provider must sign and date the prescription. Pursuant to R.C. 4503.44(A)(3), health care provider means "a physician, physician assistant, advanced practice nurse, optometrist, or chiropractor as defined in this section." |   |

## INSTRUCTIONS

**NOTE: Placard must be hung on the rear-view mirror when the vehicle is parked (Ohio Administrative Code 4501:1-7-02). Remove placard when driving.**

### APPLICATION REQUIREMENTS:

#### I. TO OBTAIN A PLACARD FOR THE PERSON WITH A DISABILITY

- A. The application for the removable windshield placard must be completed in the name of the person with a disability and signed.
- B. Proof of the disability must be submitted.
  1. Attach an original prescription (see above for prescription requirements).
  2. To apply for a replacement or one additional placard, complete the top portion of this application. A new prescription is not required for replacements or additional placards. Replacement and additional placards expire the same date as the initial placard regardless of issue date. Limit of two (2) placards per person.

#### II. TO OBTAIN A PLACARD FOR AN ORGANIZATION

- A. An organization may obtain a removable windshield placard if it transports individuals with disabilities on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with special equipment for use by persons with disabilities.
  1. The application must be completed in the name of the organization and signed by an authorized agent/officer.
  2. To apply for a replacement or one additional placard, complete the top portion of this application. Replacement and additional placards expire the same date as the initial placard regardless of issue date. Limit of two (2) placards per application.

**Make checks payable to, Ohio Treasurer of State.**

**Take the completed application and fee(s) to any local Deputy Registrar agency or mail to the Ohio Bureau of Motor Vehicles, Attn.: Ohio Bureau of Motor Vehicles, Registration Support Services, P.O. Box 16521, Columbus, Ohio 43216-6521.**

**For questions or concerns regarding the application process, contact our office at (844) 644-6268.**

## FINES AND PENALTIES

In accordance with R.C. 4511.69, no person shall stop, stand, or park a motor vehicle at clearly marked accessible parking locations provided in or on privately owned parking lots, parking garages, or parking areas designated for persons with disabilities without the vehicle being operated by or transporting such person and displaying a removable windshield placard or accessible license plates. Whoever violates this section is guilty of a misdemeanor. The fine is at least \$250.00, but not more than \$500.00, is not punishable with imprisonment, and is not a criminal offense.

In accordance with R.C. 4731.481 and 4734.161, no health care provider shall furnish a prescription to a person to enable the person to obtain a removable windshield placard or accessible license plates if they do not meet the criteria in R.C. 4503.44. Nor shall any health care provider provide the person with a prescription misrepresenting the expected length of disability. These offenses are misdemeanors of the first degree and are punishable by imprisonment of not more than six months, a fine of not more than \$1,000, or both, and sanctions by the State Medical Board, the Chiropractic Examining Board or the Board of Nursing respectively.

In accordance with R.C. 4503.44, no person or organization shall misrepresent themselves as eligible for a removable windshield placard or accessible license plates if they are not eligible according to the guidelines of this section. The penalty for this offense is confiscation of the placard or license plates and the revocation of privileges to obtain a removable windshield placard or accessible license plates.