



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Phone: (651) 297-3377 Web: dvs.dps.mn.gov

FOR CENTRAL OFFICE USE ONLY

APPLICATION FOR DISABILITY PARKING CERTIFICATE

DISABLED INDIVIDUAL SECTION

To be completed by or for the person with a disability

Full Name (Please Print) Last, First and Middle _____ Date of Birth _____

Street Address _____
City _____ State _____ Zip _____
Is applicant a Minnesota Licensed driver? Yes No
Does applicant have a Minnesota Identification Card? Yes No
MN License/ID Number _____
If no MN DL or ID please explain: _____

Has applicant ever had a Minnesota Disability Parking Certificate Yes No Minn. disability license plates? Yes No
List certificate and/or plate #: _____
 Check here if this application is for two parking certificates* Check here if this application is for a second parking certificate
*Two certificates are not an option if applicant has disability license plates Limit 2 per applicant without disability license plates.
If applying for replacement, check reason: Lost Stolen Damaged Other; Please Explain: _____

I hereby certify the above information is complete and accurate to the best of my knowledge. I also give permission to the Health Professional to supply the information requested.

Date: _____ Signature: _____

*Non-residents may apply for temporary disability parking certificates or use the parking certificate issued in their state of residence.

HEALTH PROFESSIONAL MEDICAL STATEMENT SECTION

Certificate Type:
Fee: \$5 ea. Temporary 1 to 6 Months Must Specify → Certificate Expiration Date
Fee: \$5 ea. Short Term 7 to 12 Months Must Specify →
No Fee Long-Term 13 to 71 Months Must Specify →
No Fee Permanent Physical disability issued for 6 years
Month _____ Year _____
IMPORTANT!
If no date is indicated the certificate will be issued for the *minimum* duration of certificate type.
Deputy Stamp

The applicant must meet one or more of the definition(s) of a "physically disabled person" described below:

- Check which definition(s) the applicant meets. Cognitive disabilities do not qualify (see back)
- Listing "symptoms" such as **Back Pain, Leg Pain, etc.** will require further explanation, causing delays in issuance
- **Incomplete/missing information will cause significant delays in issuance**

The Applicant

- 1. Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
- 2. Uses portable oxygen
- 3. Has an arterial oxygen tension (PAO₂) of less than 60 mm/Hg on room air at rest.
- 4. Is restricted by a respiratory disease to such an extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter.
- 5. Has lost an arm or leg and does not have or cannot use an artificial limb.
Disability Definitions 6-9 below must state the specific diagnosis of the condition causing disability.
- 6. Due to disability, uses a wheelchair or cannot walk without the aid of:
Another Person; A Walker; A Cane; Crutches; Braces; A Prosthetic Device; or other Assistive Device _____;
(Specify Diagnosis of condition causing Disability): _____
- 7. Has a disability that would be aggravated by walking 200 feet under normal environmental conditions to an extent that would be life-threatening
This condition is: _____
- 8. Due to disability cannot walk 200 feet without stopping to rest
This condition is: _____
- 9. Cannot walk without a significant risk of falling
This condition is: _____

- No Fee Paid (Perm.)
- \$5 Fee Paid
- \$10 Fee Paid (2 Tags)

Is the applicant qualified, in all medical respects, to exercise reasonable and ordinary control over a motor vehicle?

- Yes Yes, with adaptive equipment No, please specify: _____

Failure to answer this question will result in a request for a medical report.

I certify, by my signature as a licensed Physician, Physician's Assistant, Advanced Practice Registered Nurse, Chiropractor, or Physical Therapist that in my professional opinion _____ (Patient's Name) meets the definition of physically disabled person and is entitled to a disability parking certificate. I would be guilty of a misdemeanor and subject to a fine of \$500 for fraudulently certifying the applicant.

Signature & Title _____ Date _____ Print Name _____

Telephone Number _____ Street Address, City, State and Zip Code _____

***This application may be submitted at any Deputy Registrar motor vehicle office in Minnesota or by mail to:
Minnesota Department of Public Safety
Driver and Vehicle Services Division
445 Minnesota Street
St. Paul, MN 55101-5164***

The information provided by the applicant and health professional are required by state and federal guidelines.

The parking certificate is valid as specified by the Health Professional's statement.

1 to 6 months: **Temporary certificate**, 7 to 12 months: **Short-term certificate**, 13 to 71 months: **Long-term certificate**. The disability must be re-certified before a new or subsequent parking certificate will be issued.

Persons with a permanent disability are issued a **6 Year Certificate**. Renewal does not require a Health Professional's signature, but may be selected randomly to re-certify eligibility.

If a Health Professional extends the length of the disability there is no fee for the subsequent parking certificate, however, along with the Health Professional's signature, the medical statement is required and ***must clearly state that it is an extension for a previously certified disability.***

If a certificate is requested due to specific medical condition related to *pregnancy* that could be aggravated by walking to the extent that the life or health of the person or fetus may be endangered a **Temporary certificate** may be issued, not to exceed expected length of pregnancy.

MISUSE OF PARKING PRIVILEGE

Any unauthorized use or reproduction of the Department issued Disability Parking Certificate is subject to the revocation of parking privilege. A person who is convicted of misusing the certificate is guilty of a misdemeanor and ***subject to a fine***. Knowingly allowing the misuse of the certificate or disability license plates shall result in the cancelation of disability parking privileges.

Frequently Asked Questions

WHAT PRIVILEGES DOES THE CERTIFICATE PROVIDE? (Reference Minnesota Statute 169.345)

A vehicle that prominently displays the parking certificate may be parked by or *solely for the benefit of a physically disabled person*: in a designated disability parking space; in a non-restricted metered parking space without obligation to pay the meter fee, and without regard to time limitation unless otherwise posted; or in a non-metered time limited passenger vehicle space unless otherwise posted.

M.S. 169.345 does not permit parking: in designated no parking spaces; in parking spaces reserved for specified purpose; where there is a local ordinance which prohibits parking on any street or highway for the purpose of creating a Fire lane; or to provide for the accommodation of heavy traffic during morning or afternoon rush hours. For privileges in other jurisdictions, please contact the appropriate jurisdiction.

WHO IS ELIGIBLE FOR THE DISABILITY PARKING CERTIFICATE?

Any Minnesota resident who meets one or more of the definitions of a "physically disabled person" listed on the front of this application. The parking certificate is provided to assist persons with a physical disability and provide better access to public places and facilities. Only one parking certificate is issued per disabled individual if you also display license plates. You may qualify for two (2) certificates if you do not have disability license plates. Parking certificates are valid until the last day of the month indicated on the certificate.

I'M NOT A MINNESOTA RESIDENT, HOW DO I GET A PARKING CERTIFICATE?

Residents of other states that are visiting or temporarily residing in Minnesota may use the parking certificate provided by their home state or apply for a Temporary Certificate (6 months maximum). Residents of other states must make an application for Permanent Certificates in their home states.

HOW DO I USE THE DISABILITY PARKING CERTIFICATE?

The parking certificate is issued to the disabled person, not the vehicle. Therefore, it may be displayed when parking any vehicle you are driving or the passenger.

The parking certificate is to be displayed on the rear view mirror only when parked. Driving with the parking certificate hanging from the mirror is illegal and very dangerous. If your disability makes it impractical to hang the parking certificate from the rear view mirror, it may be placed on the dashboard when parked.

I HAVE HEARD THAT SOME PEOPLE WHO HAVE APPLIED FOR THE PARKING CERTIFICATE HAVE BEEN REQUIRED TO RETEST FOR THEIR DRIVER LICENSE. IS THAT TRUE?

YES. If a person with a driver's license applies for a disability parking certificate, the Department of Public Safety may check the driver's license record. If the department has no record of the disability, certification must be made that the disability will not interfere with his/her driving ability. The department may ask the applicant for an interview to determine if any retesting is necessary. The Department of Public Safety has an obligation to ensure that licensed drivers are qualified to operate a motor vehicle.

WHAT IF I MISPLACE/LOSE MY CERTIFICATE?

To obtain a replacement certificate you need to only complete Section A of this application (fee may be due).

When you report a lost parking certificate, you may be required to identify measures you have taken in order to prevent future losses.

When you report a stolen parking certificate, you may be asked to provide a copy of the police report regarding the theft.

If you have further questions regarding this application, contact the Driver and Vehicle Services Division at **(651) 297-3377**. If you have questions regarding other services provided by Driver and Vehicle Services or Deputy Registrar Locations, please call (651) 297-2005, or TTY (651) 282-6555. You may also find DVS information at: **dvs.dps.mn.gov**

NOTICE: All information supplied on this form is collected under the authority of Minnesota Statutes, and will be used only by authorized Driver and Vehicle Services Division personnel to determine eligibility for the issuance of a Disability Parking Certificate and driving privileges. All data collected is private and may not be issued to anyone except law enforcement personnel (name/address information only) or the applicant.