MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
445 Minnesota Street, St. Paul, MN 55101-5164
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

License/ID Number ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐

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 _____

HEALTH PROFESSIONAL MEDICAL STATEMENT SECTION

Certificate Type:

Fee: $5 ea.	☐ **Temporary** 1 to 6 Months	**Must Specify** →	
Fee: $5 ea.	☐ **Short Term** 7 to 12 Months	**Must Specify** →	
No Fee	☐ **Long-Term** 13 to 71 Months	**Must Specify** →	
No Fee	☐ **6-year Certificate** For permanent disabilities		

Certificate Expiration Date

_____ / _____

Month Year

IMPORTANT!
If no date is indicated the certificate will be issued for the *minimum* duration of certificate type

Deputy Stamp

NO FEE ☐ FEE PAID ☐

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
- 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 (PAO_2) 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: _____

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 or Chiropractor 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

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