Delaware Division of Motor Vehicles

FORM MV474

Application for Special License Plate Special Parking ID Placard

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APPLICATION FOR SPECIAL LICENSE PLATE OR SPECIAL PARKING ID PLACARD FOR PERSONS WITH DISABILITIES

Original application must be submitted. Photocopies, faxes, and downloaded or scanned applications cannot be accepted.

Parking ID Placard No: Current _____ Renewal _____ Special Parking Plate No: _____

Effective Date: _____ Expiration Date: _____ Initial Application (No Fee) ◯ Renewal (No Fee) ◯ Replacement Placard $1.00 ◯

Initial Application: Complete sections A, B or C, E, F, G **Renewals:** Complete sections A, B or C, D **Replacement Placards:** Complete sections A, C, D

Section A

APPLICANT: COMPLETE THIS SECTION BEFORE PHYSICIAN CERTIFICATION
(Must be completed for all Special License Plate / Parking ID Placard requests)

Applicant's Name: _____

Organization (If applicable): _____

Street Address: _____

City, State, Zip: _____

Delaware Driver's License or ID Number: _____ Date of Birth: _____

Section B

COMPLETE THIS SECTION IF APPLYING FOR A SPECIAL LICENSE PLATE

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

Make & Year of Vehicle: _____

Current Tag Number: _____ VIN Number: _____

Expiration Date: _____ Gross Weight of Vehicle: *(14,000 lb. limit)* _____

NOTE: Can only be used on vehicles that have a GVWR (Gross Vehicle Weight Rating) that does not exceed 14,000 lbs.

Section C

COMPLETE THIS SECTION IF APPLYING FOR A LONG TERM PARKING ID PLACARD (BLUE) OR (GREEN)

☐ *Check for Special Parking ID Placard - long term I understand the long term (blue) placard is valid for eight (8) years and must be renewed upon expiration.*

☐ *Check for Special Parking ID Placard - Organizational I understand the Organizational (green) placard is valid for three (3) years and requires a letter on organizational letterhead to renew.*

I am applying for a special parking ID placard. I understand that **it must be displayed on the rear-view mirror of the vehicle whenever such vehicle is parked in a disabled parking space. This placard must be removed when the vehicle is in motion.**
NOTE: Can only be used in vehicles that have a GVWR (Gross Vehicle Weight Rating) that does not exceed 14,000 lbs.

Section D (Long Term Renewals and Replacements only)

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

I certify, under penalty of the law, that my medical condition has not changed or I am a person 80 or over and I still require a permanent special license plate and/or parking ID placard.

Signature of Applicant: _____ **Date:** _____

****NOTE: A PHYSICIAN'S SIGNATURE IS NOT REQUIRED TO RENEW A PLATE OR PLACARD FOR A PERSON WITH A PERMANENT DISABILITY OR IF THE APPLICANT IS 80 AND OLDER****

Section E

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR PHYSICIAN FOR THE FIRST TIME ISSUANCE OF A PLACARD, LICENSE PLATE, OR RENEWAL OF A TEMPORARY PLACARD

In accordance with 21 *Del.C.* §2134 Eligibility, by law, for a long-term plate or placard is restricted to permanent disabilities with no prognosis for improvement. (NO OTHER PERSON IS ELIGIBLE FOR A LICENSE PLATE OR PLACARD)
A physician must certify this application. Applicant must meet one of the following requirements with no prognosis for improvement:

☐ 1. Cannot walk 200 feet without stopping to rest.

☐ 2. Cannot walk safely without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.

☐ 3. Is restricted by lung disease to such an extent that the applicant's or household member's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest.

☐ 4. Uses portable oxygen.

☐ 5. Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.

☐ 6. Is severely limited in their ability to walk due to an arthritic, neurological or orthopedic condition.

Section F

☐ *Check for Temporary Only - 180 days*

TEMPORARY PLACARD ONLY (RED)

In accordance with 21 *Del.C.* §4183 I am applying for a temporary special parking ID placard. I understand it must be displayed on the rearview mirror of the vehicle whenever such vehicle is parked in a disabled parking space. This placard must be removed when the vehicle is in motion. I also understand that the placard has an expiration date and may be renewed. **NOTE: A new application must be completed and signed by your physician prior to renewing your temporary placard.**

In accordance with 21 *Del.C.* §2135 Eligibility, by law, for a temporary special parking ID placard is restricted to a physical disability that is not permanent, but that substantially limits or impairs the applicant's or household member's ability to walk for **not less than 180 days** and which is so severe that the person would endure a hardship or be subject to a risk of injury without a temporary special ID placard.

(NO OTHER PERSON IS ELIGIBLE FOR A SPECIAL PARKING ID PLACARD)

Section G

*****PHYSICIAN MUST PROVIDE THEIR CERTIFICATION BELOW IN ACCORDANCE WITH 21 *Del.C.* §2135****

I certify, under penalty of law, that the above information concerning the applicant is true and correct, and that the applicant or household member meets the requirements specified above for the long-term special license plate/parking ID placard or temporary special parking ID placard.

Date: _____ Signature of Physician: _____ License #: _____

PRINT NAME, ADDRESS, AND TELEPHONE NUMBER OF LICENSED PHYSICIAN and APPLICANT NAME:

_____
Physician's Name

_____
Applicant Name

_____
Street Address or P.O. Box

_____
Telephone Number (Physician's office)

_____
City, State and Zip

_____
Contact Name (Physician's office)

In accordance with 21 *Del.C*. §2135 (j)(1) I certify, under penalty of law, that the above information is true and correct. I also understand that false representation by me can lead to penalties as provided by law as follows: Any person who is not disabled, as defined above, and who intentionally and falsely represents that such person has the qualifications to obtain such a special license plate or parking ID placard in an attempt to obtain such plate or placard shall for the first offense be fined $100. For each subsequent like offense, the person shall be fined $200 or imprisoned not less than 10 or more than 30 days, or both.

NOTE: I understand the special license plate and/or parking ID placard must be returned when no longer needed.

Signature of Applicant: _____ Date: _____

Approved: _____ Date: _____
Name of DMV Associate

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