

KANSAS

Department of Revenue
Division of Vehicles
www.ksrevenue.org/dmv

CERTIFICATION OF DISABILITY FOR DISABLED PARKING PLACARD AND/OR PLATE



Application for disabled placards, plates and ID card must be made at
YOUR County Treasurer's Local Motor Vehicle Office

Name of Disabled Individual,
Business or Agency _____

Physical
Address _____ City _____ KS ZIP _____

Individual's ONLY: Date of Birth _____ Sex: Male Female

Applicant's
Signature _____ Phone
Number: _____ Date _____

PLEASE CHECK APPROPRIATE APPLICATION(S):

1. DISABLED IDENTIFICATION PLACARD APPLICATION

Check here only if applying for (lost, stolen) replacement placard.* *No Licensed Professional's Statement needed for replacement placard.*

*If Replacement Placard, Current Disabled ID Card Number _____

2. DISABLED LICENSE PLATE APPLICATION (50¢ reflective plate fee)

Only applicants certified as PERMANENT disabled may apply for a disabled license plate.

BUSINESS OR AGENCY REPRESENTATIVE MUST CERTIFY AND SIGN THE FOLLOWING:

I, the undersigned, certify that the above named agency or business is responsible for the transportation of person(s) to be considered disabled as per K.S.A. 8-1,124, as out lined below, thus qualifying for accessible parking privileges.

Authorized Representative or Owner Signature (Rubber Stamp NOT Acceptable) _____ Title _____ Date _____

HEALING ARTS LICENSED PROFESSIONAL'S STATEMENT

Attending licensed professional *must* certify and sign the following:

I, the undersigned licensed professional, certify that (Disabled Individual's Name) _____ is considered to be disabled, as per Kansas Statute 8-1,124, due to at least one (1) or more of the following: (Must check at least one.)

- 1. Has a severe visual impairment;
- 2. Cannot walk one hundred (100) feet without stopping to rest (Violation KSA 8-1,130);
- 3. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- 4. 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 mm/hg on room air at rest;
- 5. Uses portable oxygen;
- 6. 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;
- 7. Severely limited in their ability to walk at least 100 feet due to an arthritic, neurological, or orthopedic condition.

I certify that I am aware of the penalties provided by KSA 8-1,130(a)(b) listed on the back of this application.

Licensed Professional's Signature* (Rubber stamp not acceptable) _____ Medical Title _____ Date _____

* The following are the **only** professionals that can sign this form: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), Dr. of Podiatric (DPM), Licensed Optometrist (OD), licensed physician assistant (PA), advanced registered nurse practitioner (ARNP) registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal. (KSA Chapter 65, Article 28 and 8-1,125)

MUST check one (1) of the below and provide requested information:

TEMPORARY** ➔ From (Date) _____ To (Date) _____ **PERMANENT**

** Six (6) Months is the MAXIMUM Duration for a Temporary Placard.

Printed / Typed Name
of Licensed Professional _____ Phone No. _____

May be signed by a Healing Arts Professional licensed in any state.

Printed: Address _____ City _____ State _____ ZIP _____

INSTRUCTIONS

- Disabled individual **shall** be a Kansas resident.
- Application **shall** be signed by the disabled individual, representative or vehicle owner.
- The personal disabled identification card **shall** be carried by the person to whom it is assigned when using disabled parking privileges.
- Disabled license plate will require a 50¢ reflective plate fee. Application for a disabled license plate must be made at your local county treasurer's motor vehicle office.
- A disabled individual may select one of the following disabled parking choices:
 - One (1) disabled license plate and/or one (1) placard, or
 - Two (2) placards, but NO disabled license plate.
- The permanent or temporary disabled placard **shall** be suspended from rear view mirror when using disabled parking privileges and may be transferred from one vehicle to another. **The placard is to be removed from the rear view mirror when the vehicle is being operated.** (KSA 8-1,125)
- Upon death of the disabled individual, both the disabled license plate and/or placard(s) and the personal disabled identification card **shall** be returned to the local county treasurer's office in exchanged for a regular county tag if applicable.
- The healing arts licensed professional's name **must** be printed/typed in the space provided. The licensed professional **must** sign the application. It can NOT be rubber stamped or initialed. A healing arts licensed professional is a: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), or Dr. of Podiatric (DPM). A healing arts licensed professional from any state can sign this form. A licensed optometrist (OD), licensed physician assistant, advanced registered nurse practitioner registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal can also certify the form. *A RN or LPN, cannot certify/sign this form.*
- The disabled identification card **shall** be available upon demand if the disabled individual is using any disabled parking privilege. If the disabled individual is not in the vehicle or the disabled individual does not have his or her ID card available upon demand, **the vehicle is NOT entitled to use the disabled parking privilege.**
- The owner's receipt of the application for TEMPORARY placard **shall** be carried by the person it is issued to when using assessible parking. (K.S.A. 8-1,125)

In addition to being eligible to park at marked accessible parking places, disabled persons having a valid disabled plate or placard displayed on or in the vehicle may also park at parking meters for a period of time not to exceed 24 hours and will be exempt from any parking fees of the state or any city, county or other political subdivision. (KSA 8-1,126)

PENALTY

Any person who willfully and falsely represents him/herself as having the qualifications to obtain a special license plate, a permanent placard and an individual identification card or temporary placard pursuant to this act shall be guilty of a class C misdemeanor. Any person who falsely utilizes any parking privilege, shall be guilty of an unclassified misdemeanor punishable by fines of not less than \$100 nor more than \$300. (K.S.A. 8-1,130(a)(b) Violators may also be subject to additional penalties where imposed by local ordinance.

KANSAS

Department of Revenue
Division of Vehicles
Topeka, Kansas 66626-0001
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SELF CERTIFICATION OF CONTINUED ELIGIBILITY FOR DISABLED PARKING PRIVILEGE



**RENEWAL OF DISABLED PLACARDS, PLATES AND ID CARD MUST BE MADE AT
YOUR COUNTY TREASURER'S MOTOR VEHICLE OFFICE**

NOTE: *This form can only be used to self certify permanent disability. If you were issued a temporary disabled parking (red) placard that has expired, you will need to make application at your local county treasurer's motor vehicle office for a new temporary placard. You will need to submit a new Disabled Placard &/or Plate Application signed by a healing arts licensed professional at the time of application.*

Kansas law requires that every individual who is the current holder of a permanent disabled (blue) placard and/or license plate must provide proof of continued eligibility every three years for issuance of a new identification card and/or placard (KSA 8-1,125). The information below must be fully completed and signed by the disabled individual or guardian. The state no longer requires a doctor's statement to recertify continued eligibility.

Any persons who willfully and falsely represent themselves as having the qualifications to obtain a special license plate or placard may be guilty of a misdemeanor punishable by fines of not less than \$100 nor more than \$300. (KSA 8-1,130a) Violators may also be subject to additional penalties where imposed by city ordinance.

Name of Disabled Individual,
Business or Agency _____

Physical Address _____ City _____ KS ZIP _____

Individual's ONLY: Date of Birth _____ Sex: Male Female

Permanent Disabled Placard No.: _____ & _____ Disabled License Plate Number _____
1st Placard Number 2nd Placard Number (if applicable) (if applicable)

I, the undersigned disabled individual or guardian of a disabled individual, do hereby certify that I am considered permanently disabled or that the person that I am responsible for transporting is considered permanently disabled as per KSA 8-1,124. I further certify under penalty of perjury under the laws of the State of Kansas that the forgoing is true and correct.

Disabled Individual or
Guardian's Signature _____ Date _____

If you have both a plate and placard that expire at different times and have already been recertified, you must complete this form with your signature and address. Please indicate if the address has been changed since the previous identification card was issued.

This completed self certification will need to be retained by you until you renew your annual vehicle registration. When paying your vehicle registration, mail or take this self certification along with your renewal notice to your local county treasurer's motor vehicle office along with the appropriate fee.