



**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
<input type="text"/>	<input type="text"/>

Street Address	Is applicant a Minnesota Licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	Does applicant have a Minnesota Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	License/ID Number - - - -
State	
Zip	

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**

<b>Certificate Type:</b> Fee: \$5 ea. <input type="checkbox"/> <b>Temporary</b> 1 to 6 Months <b>Must Specify</b> → Fee: \$5 ea. <input type="checkbox"/> <b>Short Term</b> 7 to 12 Months <b>Must Specify</b> → No Fee <input type="checkbox"/> <b>Long-Term</b> 13 to 71 Months <b>Must Specify</b> → No Fee <input type="checkbox"/> <b>6-year Certificate</b> For permanent disabilities	<b>Certificate Expiration Date</b> _____ / _____ Month                      Year	<b>IMPORTANT!</b> If no date is indicated the certificate will be issued for the <i>minimum</i> duration of certificate type
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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<sub>2</sub>) 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: \_\_\_\_\_

**Deputy Stamp**

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NO FEE  FEE PAID

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number	Street Address, City, State and Zip Code
<input type="text"/>	<input type="text"/>

*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) 296-6911, 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.



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

445 Minnesota Street - Suite 164  
St. Paul, MN 55101-5164  
Phone: (651) 297-3377  
TDD: (651) 282-6555  
Web: dvs.dps.mn.gov

**APPLICATION FOR DISABILITY PARKING CERTIFICATE**

Applications (new and renewal) for commercial disability parking certificates must be made in a written request format explaining the proposed certificate usage in conjunction with the transportation of disabled individuals, as well as internal controls (i.e., ensuring proper accountability) of the certificates.

1. To apply for a commercial parking certificate, an agency must submit a written statement on letterhead stationary. Typically, these applications are made by public or private social service agencies, care centers and nursing homes that have a frequent business need to transport numerous disabled clients. Certificates cannot be issued to taxi or limousine services, as their disabled patrons should have their own personal parking certificates. **Also, an agency must certify that the commercial certificate will be used solely for the benefit of a physically disabled person so defined in Minnesota Statute 169.345.**
2. The statement must explain to the department's satisfaction how the agency meets the following criteria:
  - a) Identify all vehicles that certificates will be used in;
  - b) State the organizations internal controls for managing/accounting for the certificates;
  - c) State that the organization will immediately notify DVS in the case of lost or stolen certificates;
  - d) State that the organization will contact DVS immediately of any abuse or suspected abuse of certificates issued to the organization;
  - e) State that the organization is aware that failure to abide by the above listed requirements may well result in the revocation of all certificates issued.
3. There is a fee of \$5 per commercial disability parking certificate requested. Commercial parking certificates are issued for three-year periods.

**When renewing a certificate(s), please include the 6-digit number on your current certificate**

*Commercial certificates cannot be issued until all information is furnished and all fees have been paid.*

**Driver and Vehicle Services Division  
Disability Services Unit  
445 Minnesota St, Ste. 164  
St. Paul, MN 55101-5164**