APPLICATION FOR DISABILITY PARKING PLACARD OR DISABILITY PLATE

State Form 42070 (R5 / 3-03)

INDIANA BUREAU OF MOTOR VEHICLES

APPLICANT INFORMATION (*Please Print*)
Name of applicant (*first, last, middle initial*)
Address (*number and street, city, state, ZIP code*)

Social Security number	Federal ID number	Date of birth (*month, day, year*)

In accordance wih IC 4-1-8-1 disclosure of your Social Security number is MANDATORY, and this record cannot be processed without it. Confidential information is being asked for herein due to IC 9-14-5.

SECTION 1 - APPLICATION FOR DISABILITY PLATE
(*You must present this form at a License Branch within your county of residence to receive a Disability Plate*)

A. I am qualified to receive a Disability Plate because (*check one*):

1. ☐ I have permanent disability that requires the use of a wheelchair, walker, braces or crutches.
2. ☐ I have permanently lost the use of one or both legs.
3. ☐ My mobility is permanently restricted due to a pulmonary or cardiovascular disability, arthritic condition, orthopedic condition or neurological impairment. This requires the completion of SECTION 3A - "Practitioner's Certification" on the bottom of this form (*a separate attachment is not acceptable*).
4. ☐ I am permanently blind or visually impaired as defined by IC 12-7-2-21 or 12-7-2-198. This requires the completion of SECTION 3B - "Practitioner's Certification" on the bottom of this form by an optometrist or ophthalmologist (*a separate attachment is not acceptable*).
5. ☐ I have been issued a permanent parking placard under 9-14-5.

I affirm under the penalties of perjury that the foregoing representations are true (*parent or legal guardian must sign for persons under the age of sixteen*).		**FOR BRANCH USE ONLY**
Signature	Date (*month, day, year*)	Plate number

NOTE: A person who knowingly and falsely represents himself as having the qualification to obtain a disability placard commits a Class C misdemeanor pursuant to IC 9-18-22-6.

B. If plate is issued to person other than the disabled person then the recipient of the plate must complete the following:

Name of applicant (*first, last, middle initial*)
Address (*number and street, city, state, ZIP code*)

Social Security number	In accordance wih IC 4-1-8-1 disclosure of your Social Security number is MANDATORY, and this record cannot be processed without it. Confidential information is being asked for herein due to IC 9-14-5.

I affirm under the penalties of perjury that the vehicle to be registered with the plate applied for on this form is used regularly to transport the person qualifying herself / himself as disabled on this form.

Signature	Date (*month, day, year*)

SECTION 2 - APPLICATION FOR DISABILITY PARKING PLACARD
(*You must present this form at any Indiana License Branch to obtain a Disability Parking Placard.*)

A. I am: (*check one*)

1. ☐ Applying for a new Disability Placard
2. ☐ Renewing my Disability Placard
3. ☐ Applying for a duplicate Disability Placard
4. ☐ Applying for an additional Disability Placard

B. I am qualified to receive a Disability Placard because (*check one*):

1. ☐ I have a disability that requires the use of a wheelchair, walker, braces or crutches.
   - a. ☐ Temporarily   b. ☐ Permanently
2. ☐ I have lost the use of one or both legs.
   - a. ☐ Temporarily   b. ☐ Permanently
3. ☐ My mobility is restricted due to a pulmonary or cardiovascular disability, arthritic condtion, orthopedic condition or neurological impairment. (*This requires the completion of SECTION 3A of the Practitioner's Certification on the back of this form. A separate attachment is not acceptable.*)
   - a. ☐ Temporarily   b. ☐ Permanently

B. I am qualified to receive a Disability Placard because (*check one*):

4. ☐ I am permanently blind or visually impaired as defined by IC 12-7-2-21 or 12-7-2-198. (*This requires the completion of SECTION 3B of the Practitioner's Certification below by an optometrist or ophthalmologist. A separate attachment is not acceptable.*)

5. ☐ The above-named corporation, partnership or unincorporated association operates programs (*including the provision of transportation*), or facilities for persons with disabilities and is empowered by the State of Indiana or it's political subdivision to do so.

I affirm under the penalties of perjury that the foregoing representations are true (*parent or legal guardian must sign for persons under the age of sixteen*).

Signature	Date (*month, day, year*)

NOTE: A person who knowingly and falsely represents himself as having the qualification to obtain a disability placard commits a Class C misdemeanor pursuant to IC 9-14-5-9.

SECTION 3 - PRACTITIONER'S CERTIFICATION
Please complete Section 3A or 3B and sign in Section 3C.
Applicant is responsible for any costs associated with completion of certification.

SECTION 3A - PHYSICIAN'S AND CHIROPRACTOR'S CERTIFICATION

A. I certify that _____ is severely restricted in mobility due to a pulmonary or cardiovascular disability, arthritic condition, orthopedic condition or neurological impairment. This severe restriction in mobility is (*check one*) ☐ permanent ☐ temporary and is expected to end on_____ 20 _____ . (*NOTE: The expected date must be filled in for temporary disabilities.*)

B. I am (*check one and sign Section 3C*):

1. ☐ A physician having an unlimited license to practice medicine in Indiana.

2. ☐ A physician who is a commissioned medical officer of the armed forces of the United States or the United States Public Health Service.

3. ☐ A chiropractor licensed under IC 25-10-1.

4. ☐ A podiatrist licensed under IC 25-29-1.

5. ☐ A physician who is a medical officer of the Veterans Administration of the United States.

SECTION 3B - OPHTHALMOLOGIST'S AND OPTOMETRIST'S CERTIFICATION

A. I certify that _____ is permanently blind or visually impaired as defined by IC 12-7-2-21 or 12-7-2-198.

B. I am (*check one and sign Section 3C*):

1. ☐ An ophthalmologist licensed to practice in Indiana.

2. ☐ An optometrist licensed to practice in Indiana.

SECTION 3C - PRACTITIONER'S SIGNATURE

Signature of practitioner	Date (*month, day, year*)

Printed name (*first, last, middle initial*)

Address (*number and street, city, state, ZIP code*)

Telephone number	License number

FOR BRANCH USE ONLY
PLACARD NUMBER(S)
1
2
3
4
5
Date of application (*month, day, year*)
Date of application (*month, day, year*)