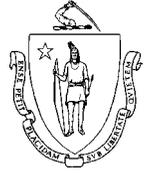




MASSACHUSETTS REGISTRY OF MOTOR VEHICLES
Medical Affairs Branch
 PO Box 199100
 Boston, MA 02119-9100
 Telephone: (617) 351-9222



For Hand Deliveries: 630 Washington St., Boston

APPLICATION FOR DISABLED PLACARD/PLATE

THIS SIDE OF THE APPLICATION MUST BE COMPLETED IN THE DISABLED PERSON'S NAME

Disabled person must be a Massachusetts resident. Please note the information required in this application may affect your license status.

I hereby authorize the healthcare provider completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.

 Signature of Disabled Person

 Date

Please Print Disabled Person's Information

 Last Name First Name MI

 Address City/Town Zip Code

()

 Date of Birth Social Security Number Telephone Number

 License Number Class Expiration Date Restrictions

Is this the first time you have submitted an application for disabled placard/plate? Yes No

If applicable, please print your current disabled plate or placard number _____

I am applying for the following:

- Placard** No fee required for a placard.
- Plate** Only issued to individuals who have a vehicle registered in their name.
- DV Plate** Only issued to individuals who have a vehicle registered in their name. You must submit a letter from the Veteran's Administration which states that your disability is at least 80 percent service connected.

Important Customer Information

Incomplete applications will **not** be processed. This application must be submitted **within 30 days** of the healthcare provider's certification. You should allow for internal RMV processing time. Please note additional documentation may be required.

FOR REGISTRY OF MOTOR VEHICLE USE ONLY

Approved Date: _____ By: _____

Not Approved Date: _____ By: _____ Reason Code: _____

Comments: _____

A Healthcare Provider is defined as a Medical Doctor, Optometrist, Chiropractor, Podiatrist, Registered Nurse or Physician Assistant who is licensed to practice in the Commonwealth of Massachusetts.

Dear Healthcare Provider:

This is an application to allow your patient to display a disabled license plate or a disabled placard. Both items will allow your patient to park in specially designated "handicapped" parking spaces designed to increase access for people with impaired mobility.

The medical criteria you fill out below will enable the RMV to determine if your patient qualifies for the privilege of access to these few and select parking spaces. Should your patient's medical condition raise a concern as to his or her ability to drive safely, the RMV may request that the individual take a competency road test, or, if the individual poses an immediate threat, ask him or her to surrender his or her driver's license.

The individual's ability to hold a driver's license will not affect his or her ability to obtain a plate or placard. If you determine that your patient's medical condition renders him or her a threat to his or her own safety and to the safety of others using the roadways, please so indicate on this application.

Please be as accurate and detailed as possible to ensure that a fair evaluation of your patient's application may be made by the RMV.

Please check which conditions, if any, accurately describe the person applying for this permit:

Please refer to attached guidelines

- Has been declared legally blind (please attach copy of certification). Applicants in this classification **must** surrender their driver's license.
- Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry, is less than one liter; **OR** The person's oxygen saturation level is 88% or less, even with supplemental O₂. Applicants whose O₂ saturation level is 88% or less, even with supplemental O₂, **MUST** surrender their driver's license.
- Uses portable oxygen.
- Has a Class III cardiac condition according to the standards set by the American Heart Association (See Classification Guidelines).
- Has a Class IV cardiac condition according to the standards set by the American Heart Association (See Classification Guidelines). Applicants in this classification **must** surrender their driver's license.
- Cannot walk 200 feet without stopping to rest. Please state clinical diagnosis and exact nature of impairment:

Cannot walk without the assistance of another person, prosthetic aid, or other assistive device. Please state device used and exact nature of impairment: _____

Has lost one or more limbs or **permanently** lost the use of one or more limbs. Please describe:

If any of the above conditions are due to an arthritis condition, please state:

Type of Arthritis Condition _____

All Joint(s) and/or all Limb(s) Affected _____

Symptoms Experienced (functional status) _____

Is the applicant able to perform self care? Yes No

LENGTH OF DISABILITY

- Condition is permanent (in excess of two years)
- Condition is temporary—expected duration (in months) _____ (minimum 2 months, maximum 24 months)

HEALTHCARE PROVIDER MUST CHECK ONE OF THE FOLLOWING STATEMENTS

In my professional opinion and to a reasonable degree of certainty:

- The person applying for this permit is medically qualified to operate a motor vehicle safely.
- I am unable to determine ability; I request that the person applying for this permit take a competency road test to determine his or her ability to operate a motor vehicle safely and/or undergo an assessment to determine whether any adaptive equipment or appropriate restrictions are necessary to ensure that he or she is able to operate a motor vehicle safely.
- The person applying for this permit is **not** medically qualified to operate a motor vehicle safely.

HEALTHCARE PROVIDER CERTIFICATION

I hereby certify, under pains and penalties of perjury, that the information I have provided herein is true, accurate, and complete.

Please Print

Certifying Healthcare Provider's Name

Provider's Title

Mass Board of Registration Number

Address (City/Town/State/Zip Code)

Telephone Number

Date

CLASSIFICATION GUIDELINES

ATTENTION Healthcare Provider *Please use the following list to complete the application to the left:*

American Heart Association Functional Classification System

Class I Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
.....

Class II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
.....

Class III Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain.
.....

Class IV Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
.....

Individual customers to whom the Registry issues "disabled" plates or placards must understand their obligation to the entire disabled community. Allowing anyone else to use the privileges that accompany these plates or placards is a citable offense which may result in immediate revocation. More importantly, such abuses deny parking spaces to those who are medically disabled.

By accepting one of these placards or plates, you accept the responsibility to use it for its intended purpose. If you loan a placard to someone else, or allow another driver to park your vehicle in a "handicapped" parking spot, you are denying your disabled neighbors the access they need and deserve. Please respect the needs of others, and make sure our friends and family members understand that mobility cannot be taken for granted.

If you are granted the privilege of parking closer to your destination, don't take the matter lightly. Know the rules and obey them. With your cooperation, convenient parking spaces for the disabled will always be available in the Commonwealth of Massachusetts.

Sincerely yours,

*The Medical Affairs Branch
Commonwealth of Massachusetts,
Registry of Motor Vehicles*