



# APPLICATION FOR ACCESSIBLE PARKING PLACARD



DEPARTMENT OF REVENUE AND TAXATION VEHICLE REGISTRATION BRANCH

**HOURS OF OPERATION: 8:00AM – 4:00PM M-F**

**PLEASE NOTE:**

- 1) Applicants must provide identification (Guam I.D., Naturalization Certification, Green Card, Firearms I.D., etc.)
- 2) Upon renewal of a temporary placard, applicant must obtain another certification from a physician.

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
 (LAST) (NAME) (INT.)

MAILING ADDRESS: \_\_\_\_\_  
 (STREET NUMBER/P.O.BOX) ZIP CODE

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

- 1. Do you have a current accessible parking placard? Yes  No  If yes, Placard No(s): \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_
- 2. Do you have a current accessible parking license plate? Yes  No  If yes, License Plate Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_
- 3. Please check the appropriate box:  Placard(s)  License Plate

I declare under penalty of perjury that the foregoing is true and correct.  
 I authorize the release of medical information to process this application.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PHYSICIAN'S CERTIFICATION

Section 1. Purpose. The purposes of this act are to establish a uniform system for accessible parking for persons with disabilities to enhance access and the safety of persons who have disabilities, which limit or impair the ability to walk, and to conform to the requirements of the Americans with Disabilities Act. Accessibility Guidelines as they apply to accessible parking.

**LOSS OF USE OF LOWER LIMBS (S):**

- |  |                                       |                   |   |                                      |
|--|---------------------------------------|-------------------|---|--------------------------------------|
| Condition: <input type="checkbox"/> Amputation | <input type="checkbox"/> Birth Defect | Special Equipment | <input type="checkbox"/> Artificial Limb(s) | <input type="checkbox"/> Braces      |
| <input type="checkbox"/> Multiple Sclerosis    | <input type="checkbox"/> Muscular     |                   | <input type="checkbox"/> Cane(s)            | <input type="checkbox"/> Crutch(es)  |
| <input type="checkbox"/> Paraplegic            | <input type="checkbox"/> Dystrophy    |                   | <input type="checkbox"/> Walker             | <input type="checkbox"/> Wheel Chair |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Polio        |                   | <input type="checkbox"/> Other _____        |                                      |

**RESPIRATORY CONDITION:**

Is restricted by lung disease to such an extent that the person's forced (respiratory) expiatory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest.

**EYE(S) CONDITION:**

Has a central visual acuity that does not exceed 20/200 in the better eye, with corrective lens, as measured by the Snellen Test, or visual activity greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.

**HEART CONDITION CLASSIFICATION:** (By the standards set by the American Heart Association)

- Class III  Class IV

OTHER DIAGNOSES DISEASED OR DISORDER, WHICH CREATES A SEVERE WALKING MOBILITY LIMITATION (cannot walk two hundred feet (200') without stopping to rest due to):

- Arthritic  Neurological  Orthopedic  Other \_\_\_\_\_

I, the undersigned, being duly licensed to practice in Guam, certify under the penalties of perjury that I am personally aware of the degree of impaired mobility of the person identified in this application as indicated above. It is my professional opinion that this applicant should qualify for the issuance of the special Parking Placard having a condition due to the significant physical mobility limitations and/or for the safety of the applicant.

- APPROVED-PERMANENT DISABILITY
- APPROVED-(TEMPORARY DISABILITY) NOT TO EXCEED SIX (6) MONTHS
- DISAPPROVED (MOBILITY IS NOT AFFECTED BY CONDITIONS(S): \_\_\_\_\_)

\_\_\_\_\_  
 Physician's Signature \_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address/Telephone

FOR OFFICIAL USE BY DEPARTMENT OF REVENUE AND TAXATION  
 VEHICLE REGISTRATION BRANCH

[ ] NEW [ ] RENEWAL [ ] REPL.PLACARD NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ PREVIOUS PLACARD NO. \_\_\_\_\_

COMMENTS: \_\_\_\_\_ (Rev3/04)