



Office of Vehicle & Motor Carrier Services
 P.O. Box 9278
 Des Moines, IA 50306-9278
 Website - www.iowadot.gov/mvd E-mail - vehser@iowadot.us

Do Not Write In This Space

Permit # _____
 Date Issued _____
 Temporary Period _____ months

APPLICATION FOR PERSONS WITH DISABILITIES PARKING PERMIT FOR IOWA RESIDENTS

- Removable Windshield Placard (complete Section 1) No. of Placards Needed 1 Placard 2 Placards Temporary Standard
- Special License Plates (complete Section 2) _____ Number of sets needed
- License Plate Parking Sticker (complete Section 3) _____ Number of stickers needed (can be placed on regular, special and personalized plates)

For Sections 1, 2, or 3 attach a medical statement, on the physician's, chiropractor's, physician's assistant or nurse practitioner's letterhead stationery, stating that you are a person with a disability and whether the disability is permanent or temporary. A temporary placard can be issued up to six months. Upon the expiration of your temporary placard a medical statement must be furnished with an application to obtain another temporary placard. Standard placards are valid for five years. Upon the expiration of your standard placard a medical statement must be furnished with an application to obtain another standard placard.

SECTION 1 Removable Windshield Placard

Take this application form along with your medical statement stating you are a person with a disability to the Driver's License Issuance site in your area or mail to the Office of Vehicle & Motor Carrier Services at the address listed above.



International Symbol of Access

Please Print E-Mail _____ Date _____
 Applicant's Full Legal Name _____
 Social Security No., Iowa Driver License No. OR Iowa Non-Operator ID Card _____
 Date of Birth _____ Street _____
 City _____ State _____ ZIP Code _____ County _____
 Phone No. _____

SECTION 2 Special License Plates for Applicant (Are not issued to individuals with a temporary windshield placard)

Complete this application form and send with your medical statement to your County Treasurer's office.

1. Current vehicle plate number(s) _____

Persons with Disabilities License Plate for Parent or Guardian of a Child With a Disability: If a trailer, indicate LARGE SMALL

1. Current County of Residence _____

2. Current vehicle plate number _____

3. A medical statement for a child with a disability (a medical statement is not needed if the child already has a permanent (standard) windshield placard)

I, _____ hereby certify that _____ resides with me at
 Name of Parent/Guardian Name of Child

Address _____ City _____ State _____ ZIP Code _____

 Signature of Parent or Guardian

 Date

Persons with Disabilities license plates are available at your county treasurer's office. You must return your current plates and registration receipt at the time you obtain Persons with Disabilities license plates.

If completing section 3, send the application to the Office of Vehicle & Motor Carrier Services at the address listed on the first page.

SECTION 3 License Plate Parking Sticker (Are not issued to individuals with a temporary windshield placard)

For each vehicle of which you are the titled owner and meet the definition of a person with a disability as defined in the Iowa Code, you may obtain a Persons with Disabilities parking sticker to be displayed on the rear license plate of your vehicle by submitting the following:

1. This application form.
2. Current vehicle plate number(s) _____
3. A medical statement (a medical statement is not needed if the applicant currently has a permanent (standard) windshield placard).

SECTION 4 Certification For A Replacement Parking Permit

I certify that I have submitted to the Iowa Department of Transportation a physician's statement stating that my disability is permanent
 temporary

I need a replacement because my permit no. _____ was: lost stolen destroyed damaged
(damaged permit must be returned to the Department, if possible.)

Signed

Date

SECTION 5 Veteran Self-Certification

If you are using a disability rating provided to you by the United States Department of Veterans Affairs in lieu of a health care provider's statement, then you must do the following:

1. Provide proof that you are the subject of a certification of disability from the U.S. Department of Veterans Affairs; and,
2. Make the following self-certification, under penalty of perjury, by completing the following statement and executing this form:

I, the undersigned, attest under penalty of perjury, that the permanent disability underlying my U.S. Department of Veterans Affairs disability rating impairs my mobility to the extent defined in Iowa Code section 321L.1(8) and that the nature of my permanent disability is as follows: _____

Signed

Date

DEFINITIONS: (Iowa Code Chapter 321L.1)

"Person with a disability" means a person with a disability that limits or impairs the person's ability to walk. A person shall be considered a person with a disability for purposes of this chapter under the following circumstances:

- a. The person cannot walk two hundred feet without stopping to rest.
- b. The person cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
- c. The person is restricted by lung disease to such an extent that the person's forced 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.
- d. The person uses portable oxygen.
- e. The person 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.
- f. The person is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

DISPLAY OF THE REMOVABLE WINDSHIELD PLACARD: The removable windshield placard shall be displayed in a manner that allows the entire placard to be visible through the vehicle's windshield. **The placard shall only be displayed when the motor vehicle is parked in a persons with disabilities parking space or in a parking space not designated as a persons with disabilities parking space if a wheelchair parking cone is used pursuant to Iowa Code Section 321L.2A.**

RETURN OF PARKING PERMIT: Return to a Driver License Examining station or the Iowa Department of Transportation, Office of Vehicle & Motor Carrier Services, P.O. Box 9278, Des Moines, Iowa 50306-9278 or any law enforcement office within 10 days of the occurrence of any of the following:

The person to whom the permit has been issued is deceased or has moved out of state.

The person has found or has in his/her possession a permit that was not issued to that person.

The permit has expired or has been revoked.

The permit was reported lost or stolen and is later found or retrieved after a subsequent permit has been issued.

Special license plates shall be surrendered to the county treasurer's office where the vehicle is registered.

SPECIAL LICENSE PLATES: Iowa law provides for issuance of special plates to an owner of an automobile, light delivery truck, panel delivery truck, pickup, or trailer who is a person with a disability. The law also allows a parent or guardian of a child with a disability as defined in section 321L.1, of the Code to apply for a special license plate upon proof of residency of the child. The "Application for Iowa Special License Plates", Form 411238, shall be used when applying for personalized special license plates. Annually the applicant shall, at renewal time, provide a self certification stating the owner of the motor vehicle is still a person with a disability as defined in section 321L.1 of the Iowa Code

PROOF OF RESIDENCY: This form certifies the child with a disability still resides with the parent or guardian who is applying for a special license plate. The certification must be filed at the time of application and each registration year thereafter.

CONTIGUOUS STATE: Iowa law allows a written statement from a physician, physician's assistant, nurse practitioner, or chiropractor licensed to practice in a contiguous state. The contiguous states are: Minnesota, Wisconsin, Illinois, Missouri, Nebraska and South Dakota.

WHEELCHAIR PARKING CONE: A list of vendors that sell the wheelchair parking cones is available from the Department upon request. A person issued a persons with disabilities parking permit who uses a wheelchair due to a disability that renders the person permanently unable to walk, may park in a persons with disabilities parking space, or a space not designated as a persons with disabilities parking space, and reserve up to an eight foot space adjacent to the motor vehicle for the purpose of exiting and entering the motor vehicle if the following conditions are met:

- 1.) The wheelchair parking cone is placed within eight (8) feet of the vehicle entry
- 2.) The parking permit is displayed
- 3.) The motor vehicle and parking cone do not obstruct an aisle, street, or roadway
- 4.) The parking space is provided by the State, political subdivision, or an entity providing NON-Residential parking
- 5.) A copy of the medical statement is carried in the vehicle

PENALTIES: A fraudulent application or physician's, chiropractor's, physician's assistant's or nurse practitioner's statement to obtain a persons with disabilities parking permit may result in a \$300 civil penalty and revocation of the permit. Improper use of a parking permit as defined in Iowa Code subsection 321L.4(2) may result in a criminal fine of \$200. Misuse of a parking permit as defined in Iowa Code section 321L.3 may result in a criminal fine of \$200. For a wheelchair parking cone violation the scheduled fine is \$20. For interference with a wheelchair parking cone the scheduled fine is \$200.