



## Physical Disability Parking Placard Application

Service Oklahoma requires approximately 20 business days after receipt to process the application.

**Sections 1 and 2 of this form must be completed by applicant (patient) and physician before a disability placard can be issued.**

If you are only seeking a replacement placard which has been lost, stolen, or destroyed, only Section 1 must be completed.

Type of placard requested:  New  Renewal  Replacement (Lost/Stolen/Destroyed)

Number of placards requested:  1 placard  2 placards (Limit 1 replacement placard if lost, stolen, or destroyed during the term of the original placard)

I hereby make application to Service Oklahoma for a physical disability parking placard. I understand I must display the official placard on the rearview mirror upon parking. I understand the placard may only be displayed in motor vehicles either operated by me, or in which I am a passenger. I understand that any person who knowingly makes false application for a disability parking placard, or makes or allows unauthorized use thereof, is guilty of a misdemeanor and upon conviction shall be punished by a fine of \$500.

### Section 1 – Applicant (Patient) Information (Please print or type)

First Name	Middle Name	Last Name	Date of Birth	
Mailing Address		City	ST	Zip
Driver License/State Identification Card Number			Phone	

**NOTICE: I understand that by signing and submitting this form, my ability to operate a motor vehicle may be reviewed by Service Oklahoma as provided in 47 O.S. § 6-119, pursuant to the standards prescribed by the Driver License Medical Advisory Committee as created in 47 O.S. § 6-118.**

\_\_\_\_\_  
Signature of Applicant or Person Responsible for Applicant (required)

**NOTICE: Service Oklahoma shall only consider new or renewal applications submitted within sixty (60) days of the date of the physician's signature in Section 2.**

### Section 2 - Physician

**The following section must be completed in full by a physician licensed to practice medicine or surgery, osteopathic medicine, chiropractic, podiatric medicine, or optometry; a licensed physician assistant; or a licensed and certified advanced registered nurse practitioner.**

Physician's statement concerning the above-named applicant (patient):

- |  |   |
|--|---|
| <input type="checkbox"/> A. Cannot walk 200 feet without stopping to rest, or  | <input type="checkbox"/> E. Has functional limitations which are classified in severity as Class III or Class IV according to standards set by the American Heart Association, or                                     |
| <input type="checkbox"/> B. Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistant device, <b>(Must circle appropriate response)</b> | <input type="checkbox"/> F. Is severely limited in his or her ability to walk due to an arthritic neurological, or orthopedic condition, or complications due to pregnancy, <b>(Must circle appropriate response)</b> |
| <input type="checkbox"/> C. Is restricted to such an extent that the person's forced (respiratory) expiratory volume for one liter, or the arterial oxygen tension is less than 60MM/HG on room air at rest, or          | <input type="checkbox"/> G. Is certified legally blind, or  |
| <input type="checkbox"/> D. Must use portable oxygen, or   | <input type="checkbox"/> H. Is missing one or more limbs which impairs mobility.  |

In your professional opinion would this condition affect this person's ability to safely operate a motor vehicle under normal or adverse driving conditions?

No  Yes

Type of placard approved by signing physician (choose one)

- Temporary Placard, issued for a maximum of 6 months. Expiration date, not to exceed 6 months: \_\_\_\_\_
- 5-year Placard

**I certify that the applicant's (patient's) physical disability described above is accurate, and said diagnosis is within the scope of my practice.**

Date	Physician's Name	Physician's License Number		
Mailing Address		City	ST	Zip
Phone		Signature		

**Physician must indicate the type of placard and provide all information along with their signature.**

### FOR SERVICE OKLAHOMA USE

Expiration Date:	Date Issued:	Placard Number:
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Mail completed application to:  
Service Oklahoma  
Driver License Services - Disability Parking Permits  
PO Box 11415  
Oklahoma City, OK 73136-0415

If you have any questions, please consult the frequently asked questions (FAQ) found on our website at <https://service.ok.gov> or call 405-425-2693.