



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# Instructions and Regulations for Disabled Person Parking Permit

## INSTRUCTIONS

Driver and Motor Vehicle Services (DMV) issues special permits for vehicles used by persons with disabilities. People who display these parking permits have special parking privileges. Disabled person parking permits may be issued to an individual with a disability, an individual that has a temporary disability, individuals with a disability that require a wheelchair, families with more than one person with a disability in the same household, a program that regularly uses motor vehicles to transport persons with disabilities and individuals with disabilities visiting from foreign countries.

To qualify for any of these disabled person parking permits, you must have a Certificate of Disability completed and signed by a licensed physician, nurse practitioner or physician's assistant certifying that you have a disability, your family has more than one person with a disability within the same household or the person requires a wheelchair for mobility. If the disability is temporary, the physician must also give the date you are no longer expected to need the disabled person parking permit.

Physicians who are authorized to sign the certificate are: Doctors of Medicine, Osteopaths, Podiatrists, Chiropractors, Naturopaths, and certified Nurse Practitioners or certified Physician Assistants. For a renewable or temporary parking permit only, a licensed Optometrist is also authorized to sign the certificate if the applicant is a person with a disability because of loss of vision, substantial loss of visual acuity, or visual field beyond correction.

If your disabled person parking permit is lost, destroyed or mutilated, you must complete DMV Form 735-265B, Application for Renewal or Replacement of Disabled person parking permit and/or Parking Identification Card. You do not need to submit Form 735-265, Application for Parking Permit for an Individual with a Disability with the replacement application. If you submit your replacement application without a Certificate of Disability and one is not on file with DMV, you will be asked to submit one. Issuance of a replacement permit invalidates any previously issued permit.

All parking permits should be returned to DMV if the person with a disability no longer needs the permit or the program's vehicle(s) is no longer being used to transport persons with disabilities. Return the permit(s) to DMV, Driver Issuance Unit, 1905 Lana Ave NE, SALEM OR 97314.

## PARKING REGULATIONS

When parked, hang the disabled person parking permit from the rearview mirror. If the vehicle does not have a rearview mirror, place the permit on the dashboard. If you have a golf cart or motorcycle and have applied for a parking decal, affix the decal to the back of the left rearview mirror. If such a display is not possible, the decal is to be affixed to the front fender of the vehicle so that the permit number and expiration are visible from the front of the vehicle.

**The renewable, temporary or family disabled person parking permit allows** the person with a disability, or another person while transporting the person with a disability to or from the parking location, to exercise the following parking privileges:

- Park in a public parking zone that has a limit of **more than 30 minutes**.
- Park in any space reserved for disabled parking with the **exception of the wheelchair user spaces**.

**Wheelchair User parking permits may exercise the following parking privileges:**

- Park in a public parking zone that has a limit of **more than 30 minutes** without paying the parking meter fee.\*
- Park in a public parking zone that has a limit of **more than 30 minutes** without being charged overtime penalties.\*  
\* *Local parking authorities may allow these privileges for any disabled parking permit holder. Check with local authorities for regulations governing these fees.*
- Park in any space reserved for disabled parking.

**Program permit will allow the driver of a program's vehicle to:**

- Park in a metered parking space for **3 hours or less** while persons with disabilities are getting into or out of the vehicle.
- Park in a public parking zone for **3 hours or less** while persons with disabilities are getting into or out of the vehicle.
- Park in any space reserved for disabled parking, **except for wheelchair user spaces**.

**Parking privileges for all types of parking permits DO NOT apply to a zone where:**

- Stopping, parking or standing of all vehicles is prohibited.
- Late evening or overnight parking is prohibited.
- Parking is reserved for special types of vehicles or activities.



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# Application for Parking Permit for an Individual with a Disability

Complete all sections that apply and submit to DMV with the completed and signed Certificate of Disability from your physician. You are only allowed one disabled parking permit and decal.

## Disabled Person Parking Permit: Parking ID Card (explained below)

Permit  Decal  Both

NAME OF APPLICANT		LICENSE / PERMIT / ID CARD #	
ADDRESS	CITY	STATE	ZIP CODE

- Certificate of Disability required:  Certificate on file
- If you do not have a valid driver license or identification (ID) card, you may apply for a parking ID card to qualify for a disabled person parking permit. There is a \$44.50 fee required for the parking ID card. You must apply for the parking ID card and the disabled person parking permit by mail to: DMV Driver Issuance Unit, 1905 Lana Ave NE, Salem OR 97314.
- If you have an instruction permit, you must apply for an identification card in order to qualify for a disabled person parking permit. There is a \$44.50 issuance fee to obtain an original identification card. You can apply for the identification card and disabled person parking permit at any DMV office.

Your physician is required by ORS 811.604(a) to complete a Certificate of Disability before DMV can issue a disabled person parking permit. Please have your physician complete and sign the attached Certificate of Disability and submit with the completed application. If this is not your first time applying, DMV can use a previous certificate on file.

There is no fee for issuance of the disabled person parking permit.

## Wheelchair User Disabled Person Parking Permit:

Permit  Decal  Both

NAME OF APPLICANT		LICENSE / PERMIT / ID CARD #	
ADDRESS	CITY	STATE	ZIP CODE

- Certificate of Disability required:  Certificate on file
- You are required to have a valid Driver License or ID card to apply for a wheelchair user parking permit.

I certify that I use a wheelchair, or similar low-powered motorized or mechanically propelled vehicle designed specifically for use by a person with a physical disability that requires a van accessible parking space.

## Temporary Disabled Person Parking Permit:

NAME OF APPLICANT			
ADDRESS	CITY	STATE	ZIP CODE

- Certificate of Disability required.
- A temporary disabled person parking permit does not require a driver license or ID card to qualify for the permit. It will expire at the end of your temporary disability or in six months, whichever is shorter. If your disability continues beyond six months, please apply for a new permit before your current one expires.

## Temporary Duplicate Parking Permit:

NAME OF APPLICANT			
ADDRESS	CITY	STATE	ZIP CODE

- Certificate of Disability required:  Application on file
- Persons with disabilities must hold a renewable disabled parking permit to qualify for a temporary duplicate parking permit. This permit is issued for travel purposes only and is valid for 30 days.

**Foreign Visitor Placard:**

NAME	ADDRESS
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You must present to DMV either a valid driver's license or other grant of driving privileges, passport or visa from your country showing you are a visitor to the United States. You also must present one of the following: a valid disabled person parking permit from the country that issued your passport or visa; a certificate from an official of the agency that issues disabled person parking permits in the country that issued your passport or visa certifying that you hold a valid disabled person parking permit; or a certificate from your physician certifying you have a disability. This permit is valid for 30 days from date issued.

SIGNATURE OF APPLICANT <b>X</b>	DATE
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# Application for Program / Family Placard

## Application for Program Placard

NAME OF AGENCY or BUSINESS			
ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME		TELEPHONE NUMBER (      )	

Number of Placards Needed: \_\_\_\_\_

NAME TO BE PLACED ON PLACARD(S)
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I certify that the above program is a business that regularly transports disabled persons. I understand it is a crime under ORS 162.085, to certify the truth of a statement when I know the statement is not true. Such a crime is punishable by a jail sentence of up to six months, a fine of \$1000, or both.

AUTHORIZED SIGNATURE <b>X</b>	DATE
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## Application for Family Placard

NAME OF APPLICANT FAMILY	
CONTACT NAME	TELEPHONE NUMBER (      )

Names of family members with disabilities:

NAME	CUSTOMER NUMBER	DATE OF BIRTH (MM-DD-YYYY)
NAME	CUSTOMER NUMBER	DATE OF BIRTH (MM-DD-YYYY)
NAME	CUSTOMER NUMBER	DATE OF BIRTH (MM-DD-YYYY)
NAME	CUSTOMER NUMBER	DATE OF BIRTH (MM-DD-YYYY)

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF APPLICANT <b>X</b>			DATE

Number of Placards Needed: \_\_\_\_\_

If you are applying for a family permit, please have your licensed physician complete and sign the attached Certificate of Disability and submit with this application. There is no fee for issuance of this type of permit.

**Indicate which permit type you are applying for by completing the appropriate section above.**



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# CERTIFICATE OF DISABILITY

## To be completed by a licensed physician

Please complete and sign the following Certificate of Disability for the applicant on the attached application. Please check the appropriate box on the certificate for the disabled person parking permit that the person is qualified to obtain.

**I certify that** (please check box and complete one of the following statement(s)):

### Disabled Person Parking Permit:

\_\_\_\_\_ is a person with a disability, as defined in ORS 801.387, whose condition is expected to continue for a period of more than 4 years.

### Parking ID Card with Disabled Person Parking Permit:

\_\_\_\_\_ is a person with a disability, as defined in ORS 801.387, whose condition is expected to continue for a period of more than 4 years and due to his/her condition it would be harmful or impractical for him/her to appear at a DMV office to be photographed for an identification card. If the applicant has a valid Oregon driver license or ID card, a parking ID card is not needed to apply for a disabled person parking permit.

### Temporary Disabled Person Parking Permit:

\_\_\_\_\_ is temporarily disabled, as defined in ORS 801.387, and the disability is expected to last less than 4 years. If expected to last less than 6 months, please indicate date below.

\_\_\_\_\_.  
Month      Day      Year

### Wheelchair User Disabled Person Parking Permit:

\_\_\_\_\_ is a person with a disability, as defined in ORS 801.387, and uses a wheelchair or similar low-powered or mechanically propelled vehicle.

### Family Disabled Person Parking Permit:

There are two or more persons with disabilities as defined in ORS 801.387, whose conditions are expected to continue for a period of at least four years. These persons are members of a family residing in Oregon within the same household.

### Issuance of a parking ID card will invalidate any current driver license or ID card.

I have read the definition of ORS 801.387 (**see back of application**) and certify that this person(s) meets the requirements under the definition of persons with disabilities. I understand it is a crime under ORS 162.085 to certify the truth of a statement when I know the statement is not true. Such crime is punishable by a jail sentence of up to six months, a fine of \$1,000, or both.

PHYSICIAN'S PRINTED NAME	LICENSE NUMBER	PHONE NUMBER (      )
STREET ADDRESS	CITY, STATE, ZIP CODE	
PHYSICIAN'S SIGNATURE <b>X</b>	DATE	

### ▼ OFFICE USE ONLY ▼

COUNTER DATE STAMP	INITIALS	FEE	PERMIT EXPIRATION DATE	PERMIT INVENTORY NUMBER
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**ORS 801.387 “Disabled person.”** “Disabled person” means:

(1) A person who has severely limited mobility because of paralysis or the loss of some or all of the person’s legs or arms;

(2) A person who is affected by loss of vision or substantial loss of visual acuity or visual field beyond correction; or

(3) A person who has any other disability that prevents the person from walking without the use of an assistive device or that causes the person to be unable to walk more than 200 feet, including but not necessarily limited to:

(a) Chronic heart condition;

(b) Emphysema;

(c) Arthritis;

(d) Rheumatism; or

(e) Ulcerative colitis or related chronic bowel disorder. [1983 c.338 s.39; 1985 c.139 s.3; 1987 c.296 s.1; 1989 c.243 s.1]