



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

## NON-PHOTO PARKING ID CARD AND DISABLED PERSON'S PARKING PERMIT APPLICATION

**This form is for use by individuals applying for an original, renewal or replacement of a disabled person parking permit who is unable to obtain a driver license or photo identification card at a DMV field office due to a medical condition. Eligibility and requirements located on second page of this form.**

### Non-Photo Parking ID Card:

Applicant's Last, First, Middle Name			Date of Birth		Driver License or ID Number
Applicant's Daytime Phone Number ( )	Height	Weight	Hair Color	Eye Color	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Residence Address (Street):		City		State	Zip Code
Mailing Address (If not the same as residence address):		City		State	Zip Code
Change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you want your parking ID card to show that you are an anatomical donor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Select permit type by checking box:  Wheelchair or  Non-Wheelchair**

✓ CHECK	BOX TO INDICATE THE PARKING PERMIT TRANSACTION YOU ARE APPLYING FOR - Read page 2	
<input type="checkbox"/>	<b>First time (original)</b> application for a parking permit <input type="checkbox"/> Oregon Wounded Warrior Sticker (OWW)	Must have physician certification section of this form completed by a physician.
<input type="checkbox"/>	<b>Renewal</b> of existing disabled persons parking permit <input type="checkbox"/> Oregon Wounded Warrior Sticker (OWW)	Must have physician certification section of this form completed by a physician.
<input type="checkbox"/>	<b>Replacement</b> of existing parking permit due to the permit being: "X" one of the boxes below. <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> OWW Issuance of replacement permit invalidates previous permit.	Must have an application on file with DMV.
<input type="checkbox"/>	<b>Decal</b> Parking Permit for motorcycle or golf cart. <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> OWW	<b>CHECK ONE:</b> <input type="checkbox"/> Golf Cart or <input type="checkbox"/> Motorcycle
<input type="checkbox"/>	<b>Application for a travel permit.</b>	You must have a current valid parking permit. Travel permits are valid for 30 days from the date of issuance. See page 2 for application instructions.

**Certification:** I certify that I am eligible for a disabled person parking permit. I have read the definition of a disabled individual as outlined by ORS 801.387 on page 2 of this form and have submitted a medical certification as proof. I understand that it is a crime under ORS 162.085 to certify the truth of a statement when I know the statement is not true and I understand that such a crime is punishable by a jail sentence of up to six months, a fine of \$1000 or both. By signature below, I certify that the information on this application is true and accurate.

Applicant's Signature <b>X</b>	Date
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### CERTIFICATE OF DISABILITY - Completed only by a licensed physician (See page 2 of this form)

Applicant's Name (Is a person with a disability, as defined in ORS 801.387):	
Physician's Printed Name	Licensed Physician Number
Physician's Office Address	Physician's Office Phone Number ( )
I have read ORS 801.387 and OAR 735-080-0060 and certify that: <ul style="list-style-type: none"> <li>The individual meets the requirements under the definitions of persons with disabilities; and</li> <li>It would be impractical or harmful for the individual to appear at a DMV field office to be photographed due to their physical condition.</li> </ul> I understand that 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 \$1,000 or both.	
Physician's Signature <b>X</b>	Date

#### OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Decal / Permit Issue Date:	Original	Renewal	Replacement
Counter Date Stamp / Initials:	REPLACEMENT: (Replaced Permit Number)		
	Permit Expiration Date:		Permit Inventory Number:

## Eligibility requirements and additional information:

**Physicians who are authorized to sign the certificate are:** Doctors of Medicine, Osteopaths, Podiatrists, Chiropractors, Naturopaths, Nurse Practitioners, or certified Physician Assistants.

**801.387 “Person with a disability.”** (1) A person who has severely limited mobility because of paralysis or the loss of use 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: Chronic heart condition; Emphysema; Arthritis; Rheumatism; or Ulcerative colitis or related chronic bowel disorder.

**735-080-0060 “Parking Identification Card.”** (1) An applicant for an individual disabled parking permit who does not have a driver license, driver permit, or identification card and is unable to go to a DMV office to be photographed, must obtain a parking identification card. The applicant must submit the following to DMV: (a) An application (DMV form 735-265 NPP) for a parking identification card that includes the applicant’s name, residence address, date of birth, height, weight, and signature, and a certificate, as required by ORS 811.604, that the applicant is a person with a disability. It must also include a statement from a licensed physician that because of the applicant’s medical or physical condition, it is impractical or harmful for the applicant to appear at a DMV office to be photographed.

### Original (first time) Non-Photo Parking ID Card and Disabled Person Parking Permit:

- Complete the applicant’s section of the application and have your physician complete the Certificate of Disability section. Send the completed application by mail to DMV.
- The expiration date of the parking permit will be issued with the same expiration date as your driver license or identification card would have been.
- You may not hold a driver license, permit or photo ID. If you have one in your possession, please surrender when applying.
- There is no fee for the disabled person parking permit.

### Renewal of current Non-Photo ID and Disabled Person Parking Permit:

- Complete the applicant’s section of the application and have your physician complete the Certificate of Disability section. Send the completed application by mail to DMV.
- There is no fee for the disabled person parking permit.

### Replacement of current Non-Photo ID and Disabled Person Parking Permit:

- Complete the applicant’s section of the application and indicate you are replacing your non-photo ID card and disabled person parking permit. Send the completed application by mail to DMV.
- There is no fee for the disabled person parking permit.

**Oregon Wounded Warrior (OWW):** (Provide a letter from the Veterans’ Administration indicating 50% or greater service connected disability and discharged status under other than dishonorable conditions along with this completed form.)

- Park in a public parking zone that has a limit of **more than 30 minutes** without paying the parking meter fee.\*
  - Park in the public parking zone that has a limit of **more than 30 minutes** without being charged overtime penalties.\*
- \* Check with local authorities for regulations governing these fees.

Mail the original, renewal or replacement application to:  
DMV, 1905 Lana Ave NE, Salem Oregon 97314.

**There are a number of ways to obtain or request forms. You may download a form from [www.oregondmv.com](http://www.oregondmv.com), or call 503-945-5400, or write to DMV Driver Issuance Unit - Parking Permits Clerk at 1905 Lana Ave NE, Salem OR 97314.**