



# APPLICATION FOR INDIVIDUAL DISABLED PERSON PARKING PERMIT PLACARD

*New, Renew, Replace*

## INSTRUCTIONS:

1. You and your healthcare provider complete the appropriate sections below. **NOTE: Incomplete applications will not be processed.**
2. See reverse for Permit types, period of validity, and requirements.
3. If this is a first-time application for a child, use *Parking ID Card and Disabled Person Parking Permit Application\**.
4. You may submit the completed application in **ONE** of four ways:

1. **Fax to:** (503) 945-5181

3. **Mail to:** DMV Driver Transactions Unit  
1905 Lana Ave NE  
Salem, Oregon 97314

4. Take to any  
DMV office

2. **Email to:**  
ORDMVDriverTrans@odot.oregon.gov

*(Please allow 10-14 days for processing and issuance)*

APPLICANT NAME <i>(Last, First Middle)</i>					
DAYTIME PHONE NUMBER		DATE OF BIRTH <i>(mm/dd/yyyy)</i>	CUSTOMER NUMBER <i>(Driver license, Permit, ID card, or Parking ID card)*</i>		
NEW?	RESIDENCE ADDRESS <i>(Street Address and Apartment Number, if applicable)</i>		CITY	STATE	ZIP CODE
<b>NOTE:</b> The address provided may be used for other official purposes, including voter registration.					
NEW?	MAILING ADDRESS <i>(If different from residence address above)</i>		CITY	STATE	ZIP CODE

**PERMIT TYPE APPLYING FOR** *(see reverse, select all that apply):*

New     Renewal     Replacement *(of unexpired parking permit placard) because: (select one)*     Lost     Stolen     Mutilated

Individual     Wheelchair     Wounded Warrior *(see back)*     Temporary Disability     Temporary Travel     Foreign Visitor

Decal *(select one):*     Golf Cart     Motorcycle     Other *(describe):* \_\_\_\_\_

I certify by my signature below that I am eligible for a Disabled Person Parking Permit as defined in ORS 801.387 "Person with a Disability" *(see page two)* and the information on this application is true and correct. I understand that knowingly making a fraudulent application is a crime punishable by jail time, a fine, or both.

APPLICANT SIGNATURE X	DATE
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## CERTIFICATE OF DISABILITY

*(to be completed by a licensed physician or healthcare provider\*\*)*

**Mark all that apply:**     Non-Temporary     Wheelchair User     Temporary \_\_\_\_\_ months (up to 6)

HEALTHCARE PROVIDER'S NAME <i>(printed)</i>	LICENSE NUMBER
OFFICE ADDRESS <i>(Street, City, State, Zip Code)</i>	OFFICE PHONE

I certify under penalty of perjury under the laws of the state of Oregon that the applicant named above has a medical condition meeting the definition of a person with a disability as defined in ORS 801.387 (see below). I understand that it is a crime to certify the truth of a statement when I know the statement is not true. Such a crime is punishable by jail time, a fine, or both.

HEALTHCARE PROVIDER'S SIGNATURE X	DATE
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**\*\*LICENSED PHYSICIANS AND HEALTHCARE PROVIDERS AUTHORIZED TO SIGN THIS CERTIFICATE INCLUDE:** Doctors of Medicine, Osteopaths, Podiatrists, Chiropractors, Naturopaths, Nurse Practitioners, Physician Associates, or licensed Optometrists.

**NOTE:** Permits can be applied for and held by a minor. The permit and placard(s) belongs to the disabled individual(s), not the vehicle or a driver (other than the disabled individual).

\*If the permit applicant does not have an ID and it would be impractical or harmful to obtain one by visiting a DMV Field office, an ID and permit can be applied for at the same time using the Parking Identification Card and Disabled Person Parking Permit Application ([www.oregon.gov/odot/Forms/DMV/265PIPfill.pdf](http://www.oregon.gov/odot/Forms/DMV/265PIPfill.pdf))

## PARKING REGULATIONS:

- Remove the placard from your rear view mirror before driving your vehicle.
- Apply decals to the back left of the rear view, where possible, or the front fender of the vehicle with the permit number and expiration date visible from the front of the vehicle.
- Parking privileges DO NOT apply to a zone where: stopping, parking or standing is prohibited; late evening or overnight parking is prohibited; and parking is reserved for special types of vehicles or activities.
- Permits are invalidated when: DMV receives notice of death of the holder; the holder surrenders their Oregon driver license, permit, or ID in another jurisdiction; the permit was obtained fraudulently; and/or the person no longer qualifies for the permit.

## PERMIT TYPES, Period of Validity, Requirements:

- **Individual and Wheelchair User**, valid for eight years from date of issuance  
Must be certified by your healthcare provider as a person with a disability (*see definition below*) and wheelchair user if applying for that permit.
- **Wounded Warrior** (*sticker for Individual permit*), valid for eight years from date of issuance  
Must qualify for an Individual permit; a service-connected disability alone is insufficient. In addition to this completed application, you must also provide both:
  - a. A letter from the Veterans' Administration indicating 50% or greater service-connected disability; and
  - b. A document reflecting discharge status other than dishonorable issued by any branch of the Armed Forces of the United States or the United States Department of Veterans' Affairs.
- **Temporary Disability**, valid for up to six months  
For drivers who are temporarily disabled for less than four years. Must reapply if still needed after six months.
- **Decals**, valid for the duration of the Individual permit  
For placement on golf carts, motorcycles or similar vehicles for drivers already holding an individual permit.
- **Temporary Travel**, valid for 120 days  
For persons with disabilities who already have a Disabled Person Parking Permit placard and want a second placard for travel purposes only.
- **Foreign Visitor**, valid for up to 30 days  
For persons with disabilities visiting from outside the US who hold a disabled person parking permit in their country of passport issuance.
- **Permit Renewals**, valid for the same period of time as the original permit (*see above*), from the date the renewal is issued.

## STATUTES AND RULES

### Oregon Revised Statutes (ORS):

#### 801.387 "Person with a disability."

(1) A person who has a 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 limited to: Chronic Heart Condition; Emphysema; Arthritis; Rheumatism; or Ulcerative colitis or related chronic bowel disorder.

#### 811.616(2) Oregon Wounded Warrior Placard

A person is a wounded warrior who qualifies for an "Oregon Wounded Warrior" parking permit if the person:

(a) Submits written proof to the Department of Transportation of having a United States Department of Veterans Affairs total disability rating of at least 50 percent as a result of an injury or illness that the veteran incurred, or that was aggravated, during active military service; and (b) Received a discharge or release under other than dishonorable conditions.

### Oregon Administrative Rules (OAR):

#### 735-080-0020(3) Oregon Wounded Warrior

An Oregon Wounded Warrior placard or decal is an individual or wheelchair user disabled person parking placard or decal with the addition of a sticker saying "Oregon Wounded Warrior"... If the issuance of the Oregon Wounded Warrior permit is the first issuance of a disabled person parking permit, DMV will include the placard, decal or both per the applicant's request.