



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

Disability Parking Family Placard Application

This application is used to apply for disability parking permits issued under ORS 811.609, Family Placards. These placards are for use on vehicles regularly used by a family that includes more than one person that is eligible for a disability parking. A licensed physician must certify eligibility for the permit. DMV registers the permits to the applicant. The applicant must be an adult family member. As required by Oregon Administrative Rule, this application must be submitted to **DMV HQ - Driver Transactions Unit at 1905 Lana Ave NE, Salem, OR 97314.**

Applicant last, first, middle name		Date of birth	Relationship
Oregon Identification or Driver License Number. If you do not have one, write none.			Telephone #
Residence Address:			
Mailing Address:			
Name and date of birth information of individuals residing in the household that qualify for disability parking. Use an additional application if more than 3 individuals qualify.			
Name	ODL or ID#	Date of birth	
Name	ODL or ID#	Date of birth	
Name	ODL or ID#	Date of birth	
The department shall not issue a placard valid for eight years without a licensed physician certification that the family includes at least two persons with disabilities. A physician completes and signs the physician certification section of this form. DMV will issue a replacement of an existing placard without a physician certification.			
<input checked="" type="checkbox"/> Check below to indicate the application is to certify eligibility for an eight-year placard or replace an existing placard. DMV may restrict the number of replacements issued.			
Application for issuance of a family placard with an 8-year expiration. Physician certification is required.		Number of permits needed:	
Replacement of a lost, stolen or destroyed permit(s) *No physician certification required		Number of permits needed:	
Check this box for issuance of Wheelchair User Placard		Number of permits needed:	
Applicant Certification: 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 \$1000.00 or both. I certify that the individuals named on this application reside in the same household and are considered disabled as defined by ORS 801.387. By signature below, I certify that the information on this application is true and accurate.			
Signature of person applying for permit(s) X			Date of application
CERTIFICATE OF DISABILITY - COMPLETED ONLY BY A LICENSED PHYSICIAN - SEE PAGE 2 OF THIS FORM			
Physician Certification: I certify that the individuals named on this application are disabled as defined by ORS 801.387. I have read the definition of ORS 801.387 provided on the back of this form. I certify that the individuals meet the requirements under the definition of persons with disabilities. 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 \$1000.00 or both.			
Physician's printed name			
Licensed physician number		Physician's office phone number	
Physician's office address			
Physician's signature X			

IMPORTANT INFORMATION:

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

ORS 801.387 "Person with a disability." "Person with a disability" means:

- (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:
 - (a) Chronic heart condition;
 - (b) Emphysema;
 - (c) Arthritis;
 - (d) Rheumatism; or
 - (e) Ulcerative colitis or related chronic bowel disorder. [Formerly 801.235]

ORS 811.609 Family placards.

The Department of Transportation shall issue disability parking permits in the form of family placards for use on vehicles that are regularly used by a family that includes more than one person with a disability. All the following apply to placards issued under this section:

- (1) The department shall determine the form, size and content of the placards except that the department shall require that the expiration date of a placard be visible when the placard is displayed in the vehicle.
- (2) Placards issued under this section shall be valid for a period of eight years from the date of issue. Upon expiration, placards may be renewed in a manner determined by the department by rule.
- (3) The department shall not issue or renew a placard under this section unless a licensed physician certifies that the family includes at least two persons with disabilities.

Issuance of Disability Parking Permits

OAR 735-080-0020 (6) DMV will issue a family disability parking permit to a family that has more than one person with disabilities residing in the same household. The applicant must be an adult family member and the applicant's completed application (DMV form 735-265) must include;

- (a) The name and address of the applicant;
- (b) A certificate, as required by ORS 811.609, that the family includes at least two persons with a disability, including the name of each family member with a disability; and
- (c) The number of vehicles regularly used by the family to transport those family members with a disability.

For more information on requirements for a family disability parking permit you can contact our Customer Assistance Section at 503-945-5400.

Follow the directions carefully. Incomplete applications will be returned.