



# Disabled Person Parking Family Placard Application

This application is used to apply for a Family Disabled Person Parking Permit issued under ORS 811.609. To qualify for a Family permit:

- Two or more members of a family must be disabled, or
- Two or more households must be caring for the same disabled individual; and
- A licensed physician must certify eligibility of the disabled family member(s).

Follow the directions carefully. Incomplete applications will be returned.

NOTE: Family Disabled Person Parking Permits may not be transferred to any individual or other organization.

DMV registers the permit to the applicant who must be an adult family member.

Submit this application by: **Fax – 503-945-7981, Mail – DMV HQ - Driver Transactions Unit at 1905 Lana Ave NE, Salem, OR 97314 or Email – [ORDMVDriverTrans@odot.oregon.gov](mailto:ORDMVDriverTrans@odot.oregon.gov).**

<b>APPLICANT</b>	Applicant Last, First, Middle Initial		Date of Birth (MM/DD/YYYY)
	Oregon Identification or Driver License Number <small>(If you do not have one, write none)</small>	Are you an adult family member?  YES      NO	Telephone Number
	Applicant Residence Address		Applicant Mailing Address
<b>ADDITIONAL DRIVER #1</b>	Additional Driver #1 Last, First, Middle Initial		Date of Birth (MM/DD/YYYY)
	Oregon Identification or Driver License Number <small>(If you do not have one, write none)</small>	Are you an adult family member?  YES      NO	Telephone Number
	Applicant Residence Address		Applicant Mailing Address
<b>ADDITIONAL DRIVER #2</b>	Additional Driver #2 Last, First, Middle Initial		Date of Birth (MM/DD/YYYY)
	Oregon Identification or Driver License Number <small>(If you do not have one, write none)</small>	Are you an adult family member?  YES      NO	Telephone Number
	Applicant Residence Address		Applicant Mailing Address
Is this application for replacement of a lost, stolen, or destroyed permit? An application for replacement does not require a physician certification.		YES NO	By signature, I certify that the permit is lost, stolen, or destroyed and the family continues to qualify for the permit.
OAR 735-080-0020(7)(c): Provide the number of vehicles regularly used to transport the family member(s) with a disability.		Number of vehicles:	
How many individuals residing in the household are considered disabled as defined by ORS 801.387 (see page 3)?		Number of individuals:	
<b>Applicant Certification:</b> 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 \$1,000.00 or both. I certify that the individuals named above are authorized to transport the individual named below; and the individuals named below are considered disabled as defined by ORS 801.387. By signature below, I certify that the information on this application is true and accurate.			
Applicant's Signature <b>X</b>		Date of application	

**Physician must complete Certificate of Disability on page 2**

**IMPORTANT INFORMATION:**

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

### CERTIFICATE OF DISABILITY

The following sections are to be completed by the Physician signing the Certificate of Disability.

List the family members eligible for disabled person parking. Name and date of birth are required for each disabled family member. Provide the DMV Customer Number (driver license/permit/identification card) if known; otherwise, write unknown. Complete an additional application if more than three family members qualify for Disabled Person Parking Permits.

Last, First, Middle Initial	Date of Birth (MM/DD/YYYY)	DMV Customer Number	Check if Wheelchair User
Last, First, Middle Initial	Date of Birth (MM/DD/YYYY)	DMV Customer Number	Check if Wheelchair User
Last, First, Middle Initial	Date of Birth (MM/DD/YYYY)	DMV Customer Number	Check if Wheelchair User

**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).

Wheelchair User: A condition that requires the use of a wheelchair or similar low-powered motorized or mechanically propelled vehicle designed specifically for use by a person with a physical disability.

**Physician Certification:** I certify that the individual(s) named on this application are disabled as defined by ORS 801.387. 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 \$1,000.00 or both.

**Physician's Printed Name** (First, Last, Middle Initial)

**Licensed Physician Number**

**Physician's Office Phone Number**

**Physician's Office Address**

**Physician's Signature**

**Date**

X

Replacement of a lost, stolen, or destroyed permit invalidates the previously issued permit.

For more information on requirements for a family disabled person parking permit, contact the Driver Transactions Unit at 503-945-5114.

Oregon law provides DMV authority to invalidate a Disabled Person Parking Permit issued under ORS 811.602 if DMV determines the permit was issued under fraudulent circumstances or DMV determines the Family for which the permit was issued no longer qualifies for the permit.

**See additional information about the  
Family Disabled Person Parking Permit Program on page 3**

**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 Disabled Person Parking Permits in the form of family placards for use on vehicles that are regularly used by: a) A family that includes at least two persons with disabilities; or b) Multiple households that are caring for at least one person with a disability.

- 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 may not issue or renew a placard under this section unless a licensed physician certifies that:
  - A) The family includes at least two persons with disabilities; or
  - B) Multiple households are caring for at least one person with a disability.

**Issuance of Disabled Person Parking Permits**

**OAR 735-080-0020 (7)** DMV will issue one Family Disabled Person Parking Permit placard, for each vehicle identified on the application, to a family that includes at least two persons with disabilities residing in the same household, or multiple households that are caring for at least one person with a disability, as described in ORS 811.609. The applicant must be an adult family member and must:

- a) Complete a Disabled Person Parking Family Placard Application (DMV form 735-265 FPP) that includes all of the following:
  - A) The name, date of birth and addresses of the applicant and those caring for the disabled individual.
  - B) The applicant's and all those caring for the disabled individual's driver license or identification card numbers.
  - C) The certificate signed by a licensed physician, as required by ORS 811.609, that includes the name, date-of-birth and, if known, the DMV customer number of each person with a disability. The licensed physician must certify that the individuals named on the certificate are disabled as defined by ORS 801.387 and that:
    - i. Multiple households are caring for at least one person with a disability, or
    - ii. The family includes at least two persons with disabilities in the same household.
  - D) The number of vehicles regularly used to transport the individual with a disability.