



# Parking Identification Card and Disabled Person Parking Permit Application

**ONLY FOR THOSE whose disability makes it impractical or harmful to visit a DMV field office to obtain a driver license or photo ID card.**

## INSTRUCTIONS:

This form is **only** for use by individuals applying for, renewing, or replacing a Disabled Person Parking Permit placard, but who are unable to obtain a driver license or photo identification card, because their disability makes it impractical or harmful for them to visit a DMV field office. Eligibility requirements and instructions are located on page 2. There is no fee for the parking ID card or Disabled Person Parking Permit placard.

APPLICANT NAME ( <i>Last, First, Middle</i> )			DATE OF BIRTH ( <i>mm/dd/yyyy</i> )			CUSTOMER / ID / DRIVER LICENSE #		
APPLICANT'S DAYTIME PHONE NUMBER ( )		HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		
<b>NOTE:</b> The address provided may be used for other official purposes, including voter registration.								
NEW?	RESIDENCE ADDRESS ( <i>Street</i> ):			CITY		STATE	ZIP CODE	
NEW?	MAILING ADDRESS ( <i>If not the same as residence address</i> ):			CITY		STATE	ZIP CODE	

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

- Individual   
  Wheelchair   
  Wounded Warrior (*Decal*)   
  Temporary Disability   
  Renewal  
 Decal (*select one*): ▷  Golf Cart   
  Motorcycle   
  Other (*describe*):  
 Temporary Travel   
  Foreign Visitor   
 Replacement (*of unexpired parking permit placard*) because: (*select one*)   
 Lost    Stolen    Mutilated

**Certification:** I certify that I am eligible for a Disabled Person Parking Permit as defined in ORS 801.387 "Person with a Disability" (see below) and have submitted a Certificate of Disability (below) to DMV as proof. I certify that I do not have a driver license, instruction permit, or identification card issued by DMV and I am unable to go to a DMV office to be photographed due to a medical or physical condition. I understand that it is a crime to knowingly make a false application and the offense is punishable by jail time, a fine, or both. By signing below, I certify that the information on this application is true and correct.

APPLICANT SIGNATURE X	DATE
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<b>CERTIFICATE OF DISABILITY</b> <i>(to be completed by a licensed physician or healthcare provider, defined below)</i>	
<b>Mark all that apply:</b> <input type="checkbox"/> Renewable <input type="checkbox"/> Temporary _____ months (up to 6) <input type="checkbox"/> Wheelchair User	
HEALTHCARE PROVIDER'S NAME ( <i>printed</i> )	LICENSE NUMBER
OFFICE ADDRESS ( <i>Street, City, State, Zip Code</i> )	OFFICE PHONE
I have read ORS 801.387 and OAR 735-080-0060 (see page two) 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 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.	
PHYSICIAN SIGNATURE X	DATE
<b>LICENSED PHYSICIANS AND HEALTHCARE PROVIDERS AUTHORIZED TO SIGN THIS CERTIFICATE INCLUDE:</b> 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).

## Eligibility requirements and additional information:

**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 disability 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 735-265PIP) 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) Parking ID Card and Disabled Person Parking Permit placard:

- 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 parking identification card expires on the applicant’s birthday eight years after issuance, or on the date it is no longer medically impractical or harmful to the applicant to appear at a DMV office. The permit placard is valid for eight years from the date of issuance.
- You may not hold a driver license, permit or photo ID. If you have one in your possession, please surrender when applying.

### Renewal of current Parking ID and Disabled Person Parking Permit placard:

- Complete the applicant’s section of the application and have your physician complete the Certificate of Disability section.

### Replacement of current Parking ID and Disabled Person Parking Permit placard:

- You must have a current Certificate on file with DMV.
- Complete the applicant’s section of the application and indicate you are replacing your parking ID card and Disabled Person Parking Permit placard. Send the completed application by mail to DMV.

**Oregon Wounded Warrior placard and/or decal:** 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.

### Important Information:

DMV will invalidate a Disabled Person Parking Permit placard when:

- DMV receives notice that the permit holder (excluding Family or Program permits) is deceased.
- The permit holder (excluding Family or Program permits) surrendered their Oregon driver license, Disabled Person Parking Permit placard or ID card in another jurisdiction.
- DMV determines the Disabled Person Parking Permit placard was issued under fraudulent circumstances.
- The person, program, or family no longer qualifies for the permit.

Mail the original, renewal or replacement application to:

DMV Driver Transactions Unit - Parking Permits, 1905 Lana Ave NE, Salem Oregon 97314.

**There are a number of ways to obtain or request forms. You may download a form from the [Oregon Disabled Person Parking Permits webpage](#)\*\* , call 503-945-5000, or write to DMV Driver Transactions Unit - Parking Permits Clerk at 1905 Lana Ave NE, Salem OR 97314.**

\*\*<https://www.oregon.gov/odot/dmv/pages/driverid/disparking.aspx>

