



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

## PARKING IDENTIFICATION CARD AND DISABILITY PARKING PERMIT APPLICATION

This form is for use by individuals applying for, renewing, or replacing a disability parking permit, 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 disability parking permit.

### Applicant:

Applicant's Name (Last, First, Middle)			Date of Birth (mm/dd/yyyy)		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

Is this a new address?  Yes  No

### Parking Privilege Options: Select permit type by checking box: Wheelchair User

<input checked="" type="checkbox"/> <b>CHECK TO INDICATE THE PARKING PERMIT TRANSACTION YOU ARE APPLYING FOR (Check all that apply)</b>	
<input type="checkbox"/> <b>First time</b> (Original) application for a parking permit	Expiration date is 8 years from date of issuance.
<input type="checkbox"/> <b>Renewal</b> of existing disability parking permit	Expiration date is 8 years from renewal date.
<input type="checkbox"/> <b>Replacement</b> of unexpired parking ID card and/or permit due to the permit being: ("X" one of the boxes below): <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed	Indicate type of replacement: <input type="checkbox"/> Parking ID Card <input type="checkbox"/> Parking Permit Issuance of replacement ID and/or permit invalidates previous permit. Physician certification is not required.
<input type="checkbox"/> <b>Temporary</b> travel permit	You must have a current valid parking permit. Travel permits are valid for up to 120 days from the date of issuance. Physician certification not required.
<input type="checkbox"/> <b>Oregon Wounded Warrior Sticker</b>	Must submit letter from U.S. Veterans Administration of having at least 50% service connected disability and discharge/release under other than dishonorable conditions.
<input type="checkbox"/> <b>Decal</b> for golf cart or similar vehicle	Check One: <input type="checkbox"/> Golf Cart or <input type="checkbox"/> Other: _____ (specify vehicle type)

**Certification:** I certify that I am eligible for a disability parking permit as defined in ORS 801.387 "Person with a Disability" (see below) and have submitted a medical certification 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's Signature <b>X</b>	Date
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### Certification 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 (see page 2) and certify that:

- The individual meets the requirements under the definitions of persons with disabilities; and
- It would be impractical or harmful for the individual to appear at a DMV field office to be photographed due to their physical condition.

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's Signature <b>X</b>	Date
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## Eligibility requirements and additional information:

**Physicians who are authorized to sign the certificate are:** Doctors of Medicine, Osteopaths, Podiatrists, Chiropractors, Naturopaths, Licensed 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 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 Disability 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.

### Renewal of current Parking ID and Disability Parking Permit:

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

### Replacement of current Parking ID and Disability Parking Permit:

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

**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.

### Important Information:

DMV will invalidate a disability parking permit 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, permit or ID card in another jurisdiction.
- DMV determines the permit 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, 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 503-945-5000, or write to DMV Driver Transactions Unit - Parking Permits Clerk at 1905 Lana Ave NE, Salem OR 97314.**