

Persons With Disabilities Parking Privileges Application

Name of person with disability (please type or print in ink)			Date of Birth
Physical Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
<p>I certify, under penalty of perjury, that I have read and understand the Persons with Disabilities plate and placard application and usage requirements and that I am responsible for the use in conformity with Colorado Revised Statutes 42-3-204 and 42-4-1208. I further understand that violation of the requirements in the statutes referenced above may result in fines and penalties up to \$5,000, incarceration and community service, and suspension of Persons with Disabilities placards and plates.</p>			
Printed name as it appears on identification			
Signature of person with disability			
Secure and Verifiable ID of (circle one) Applicant/Legal Guardian/Representative: (check appropriate box)			
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Identification document issued by United States Government <input type="checkbox"/> Out of state DL or ID (Only for out of state residents applying for a short- term placard)			
ID Number	Expires	DOB	
The undersigned witness affirms that the (circle one) applicant/legal guardian/entity representative signing this document presented the identification described above.			
Witness Printed Name			
Witness Signature			Date
<p>This Section Below Must be Completed by a Professional Defined in Colorado Revised Statute 42-3-204(1)(a), (1)(i) and (i.5)</p> <p>This Person is Mobility Impaired as Described Below (Check one box) Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Colorado or a state that shares a common border with Colorado.</p>			
<input type="checkbox"/> Persons who cannot walk two hundred feet without stopping to rest. <input type="checkbox"/> Persons who use portable oxygen. <input type="checkbox"/> Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device. <input type="checkbox"/> Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association. <input type="checkbox"/> Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest. <input type="checkbox"/> Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition. <input type="checkbox"/> Remuneration-exempt qualifying disability means a disability that limits an individual's: <ul style="list-style-type: none"> i. fine motor control in both hands; ii. ability to reach a height of forty-eight inches from the ground due to lack of strength or mobility in the individual's finger, hand, or upper extremity; iii. ability to reach or access a parking meter due to the use of a wheelchair or other ambulatory device. 			

Persons With Disabilities Parking Privileges Application (continued)

Medical License Number and Issuing State			
Name of Professional (please type or print in ink)			
Address		City	State ZIP
<p>I certify, under penalty of perjury, that the above named patient has a physical impairment complying with 23 CFR 1235. I have read and understand Colorado Revised Statute 42-3-204 and 42-4-1208 as they pertain to certifying persons with disabilities and affirm my knowledge of the contents of persons with disabilities notices and documentation made available to me pursuant to 42-3-204(3), C.R.S.</p>			
<p>This impairment is: <input type="checkbox"/> Permanent* <input type="checkbox"/> Extended* <input type="checkbox"/> Temporary* <input type="checkbox"/> Short Term (will last 90 days or less) <input type="checkbox"/> Remuneration- exempt qualifying disability*</p> <p>*These Placards are valid for and must be renewed every 3 years. (See definitions on the first page).</p>			
<p>Impairments are defined as follows:</p> <p>Permanent—A condition that is not expected to change within a person's lifetime, given the current state of medical or adaptive technology.</p> <p>Extended—A condition that is not expected to change within thirty months after the issuance of an identifying figure, given the current state of medical or adaptive technology.</p> <p>Temporary—A condition that is expected to last less than thirty months after the issuance of an identifying plate or placard, given the current state of medical or adaptive technology.</p> <p>Short Term—A condition that is not expected to last more than 90 days after the issuance of a placard (can be renewed with medical professional's authorization).</p> <p>Remuneration-exempt disability means a disability that limits an individual's: (i) fine motor control in both hands; (ii) ability to reach a height of forty-eight inches from the ground due to lack of strength or mobility in the individual's finger, hand, or upper extremity; or (iii) ability to reach or access a parking meter due to the use of a wheelchair or other ambulatory device.</p> <p>** Chiropractors and Physical Therapists may only certify a physical impairment for Short Term Placards Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor.</p>			
Signature of Professional		Phone Number	Date
Name of person with disability or entity representative (please type or print in ink)			

Application For Persons With Disabilities Parking Privileges

There is no fee for persons with disabilities placards. Standard registration fees and ownership taxes will be charged for disability license plates. A plate or placard holder is responsible to safeguard the plate or placard from use by others.

Please choose one option below: Permanent, Extended, and Temporary Disability

- Submit a completed application in the name of the person with a disability.
- Secure and verifiable identification for the person with a disability.
- Power of Attorney appointing an agent.
- Enclose a photocopy of the title or registration to the vehicle.

Persons with Disabilities with Vehicle (Check one option below)

- 1 Plate 2 Plates 1 Plate and 1 Placard 1 Placard 2 Placards
 1 Plate and 1 Remuneration Placard 1 Placard and 1 Remuneration Placard

Persons with Disabilities without a Vehicle (Check one option below)

- 1 Placard 2 Placards 1 Placard and 1 Remuneration Placard

Short Term (90-Day) Disability

- Short Term Temporary (90-Day) no fee Placard—For persons with a short term disability to the degree described on page one of this form.
- Submit a completed application in the name of the person with a disability.
 - A 90-day temporary placard will be issued which is to be placed inside the vehicle of which the person with a disability is a passenger.
 - The placard is movable from one vehicle to another.
 - Out of state applicants can submit their out of state drivers license, identification document or United States Government identification document.

Signature of person with disability

Date