#### ITD 3392 (Rev. 07-18) Supply # 019580141



#### **Disability License Plates and Placards**

**Are You Eligible?** A disabled person includes any person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair; or without great difficulty or discomfort due to any of the following impairment types: neurologic, orthopedic, respiratory, cardiac, arthritic, blindness, or the loss of function or absence of a limb or limbs.

**Do Not Send Money With This Application.** You will be billed for your fees or you may authorize payment with your MasterCard or Visa in the payment section at the bottom. Credit card purchases are subject to an ITD service fee.

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|--|-------------|-------------|--|-------------|-------------------------------------|----------------------|--|---------------------------------|-------------------------------|--------------------|----------|-----------------|--|
| Applicant's Last Name  | First Na    | ame         |  | Midd        |                                     |                      |  |                                 |                               | Date of Birth      |          |                 |  |
| Physical Idaho Address   |             |             | City                                     |             |                                     |                      |  |                                 |                               | Zip                |          |                 |  |
| Mailing Address (if different from a   |             |             | City                                     |             |                                     |                      | Sta                                    | ate                             | Zip                           |                    |          |                 |  |
| Daytime Phone Number (8:30 a.m.  | p.m.) Qı    | ualifying A | cant's Idaho-Issued Driver License, Iden |             |                                     | dentification Ca     | Card Number, or SSN                    |                                 |                               |                    |          |                 |  |
| Additional Vehicle Owner's Last Na   | First Name  |             | Middle                                   |             |                                     |                      | Drivo                                  | ver's License No., SSN, or EIN  |                               |                    |          |                 |  |
| Additional vehicle Owner's East Na   | -irst iname | •           | IVIIC                                    |             | aaie                                |                      |  | Driver's License No., 33N, or L |                               | e No., SSN, OF EIN |          |                 |  |
| Fill out the vehicle information section only if you are applying for license plates   |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Current Idaho License Plate Numb   | xpiration [ |             | hicle Identification Number (VII         |             |                                     |                      |  |                                 | Motorcycle cc (if applicable) |                    |          |                 |  |
| Idaho Title Number   | Vehic       | nicle Year  |  | Make        |                                     |                      | Body Type                              |                                 | Model                         | Model              |          | Color           |  |
| Complete this section for vehicles over 8,000 lbs. GVW only  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Combined Gross Vehicle Weight Check the appropriate category below.  Commercial Vehicle Non-commercial Vehicle Motor Carrier INS fee)  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          | ier (Subject to |  |
| Type of Plate or Placard Requested (check appropriate box)   |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Type of Flate of Flataid Ne  | quesi       | ieu (chec   | карргор                                  | Hate        | DOX)                                |                      |  |                                 |                               |                    |          |                 |  |
|  |             |             |  |             | Card                                | □F                   | Personalized Disability License Plates |                                 |                               |                    |          |                 |  |
| ☐ Temporary Card – No Charge (limit of 1) ☐ Permanent Card Replacement – No Charge ☐ Two Cards ☐ Standard Disability License Plates  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| ☐ Permanent Card Replaceme   | o Charge    | ' '         | aius                                     |             | _ ctandard biodoling License Flates |                      |  |                                 |                               |                    |          |                 |  |
| – Personalized Plates Only –   |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Enter your plate choice below. Text must have <b>at least one alpha character</b> and <b>no punctuation marks</b> . Motorcycles are limited to <u>four</u> characters. <u>You must include a <b>meaning</b></u> . Leave a blank square where you want a space. <b>Extra \$25.00 initial fee.</b> |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Second Ch  |             |             |  |             | •                                   |                      |  |                                 | Third Choice                  |                    |          |                 |  |
| 1 2 3  | 4           | 5           |  | _           |                                     | 3                    | _                                      | 4 5                             |                               | 2                  | 3        | 4 5             |  |
| Meaning  | 4           |             | Meaning                                  |             | 2                                   | 3                    |  | 4 3                             | Meaning                       |                    | <u> </u> | <del></del>     |  |
| Madia I Ossiii astissa   |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| <b>Medical Certification</b> This section must be completed and signed by a licensed physician, a licensed physician's assistant, or by a licensed advanced-practice professional nurse. (Please check appropriate box and Print clearly.)   |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Temporary Disability until Give specific date of expiration. Temporary placards are issued for a period of one to six months.  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Permanent Disability   |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Printed Name of Medical Professional Certifying Eligibility (Print Legibly) Address  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
|  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| City, State, Zip Code  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Practitioners National Provider Identifier (requi  |             |             | Office P                                 | Number<br>- | r                                   | Authorized Signature |  | ure                             |                               |                    | Date     |                 |  |
| ~ Check here if purchasing Idaho State Parks Passport  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| Do Not Send Money! You will be billed for your fees or you may authorize payment with your MasterCard or Visa  |             |             |  |             |                                     |                      |  |                                 |                               |                    |          |                 |  |
| MasterCard or Visa Number  | ii be b     |             | iration Da                               |             |                                     |                      |  | Authorized Signa                |                               | 31616              | aiu Oi V | 3a              |  |
|  |             |             | audii Da                                 |             | 000                                 |                      |  | suronzou orgine                 |                               |                    |          |                 |  |

#### **Plate and Placard Use:**

A motor vehicle displaying a special license plate or placard issued by Idaho or any other state for a person with a disability is subject to all Idaho motor vehicle laws and is granted the following privileges when the person with the disability is present:

- Authorization to park in any public parking space with metered parking without being required to pay any parking meter fee.
- Authorization to park for unlimited periods of time in parking zones or areas which are otherwise restricted as to the length of time parking is permitted.
- 3. Special parking privileges do not apply to those zones or areas in which the stopping, parking, or standing of all vehicles is prohibited or which are reserved for special types of vehicles; to areas where vehicular parking is prohibited for periods in excess of forty-eight (48) hours; or to areas where parking is prohibited for certain periods of time in order to allow snow removal, street construction or maintenance, or for other emergency purposes.
- 4. Access to fuel from a full-service pump at the same price as fuel from a self-service pump. This applies to locations where fuel is sold at retail from both pumps (retailers are required only to pump fuel, no other services are included in the law.)
- 5. Self-serve gas stations pump gas when a disabled person with a disability plate or placard requests assistance if there is no able-bodied adult in the vehicle and there is more than one attendant at the gas station. Special window signs will be posted at the gas station.

# Unauthorized Plate or Placard Use

Section 49-410(9), Idaho Code states: "Any use of the plate or placard by any person other than those meeting the definition of disability under section 49-117(7)(b), Idaho Code, to obtain parking shall constitute an infraction punishable by a fine of one hundred dollars (\$100.00)."

Part of Section 49-410(10), Idaho Code states: "Law enforcement officials and/or their designees as authorized by a city or county shall enforce the provisions of this section and are empowered, using reasonable discretion, to check personal identification to determine if the user of the plate or placard is authorized to use accessible parking privileges. Any fines collected shall be retained by the city or county whose law enforcement official issued the citation."

## Fraudulent Application for a Plate or Placard

Section 49-456, Idaho Code, makes it unlawful to "use a false or fictitious name or address in any application for the registration of any vehicle or for any renewal or duplicate, or knowingly to make false statement or conceal a material fact or otherwise commit a fraud in any application."

### How to Apply for Plates or Placards

- 1. Read the use provisions and eligibility section.
- 2. Complete the application print clearly.
- 3. Have your physician complete and sign the eligibility section.

All applications with a plate option selected must be mailed to:

Idaho Transportation Department Vehicle Services – Special Plates PO Box 7129, Boise, ID 83707-1129

or fax applications to: (208) 334-8542

Placard only applications can be mailed to the above address or you may go to your local county DMV.

You can obtain additional application forms via the Internet at:

www.itd.idaho.gov/dmv/

If you have any questions about special plates or placards for persons with disabilities, please write the address above, or call (208) 334-8655.

# Personalized Disability License Plates

Personalized Disability Plates have an extra \$25.00 initial fee and extra \$15.00 renewal fee. You must provide a meaning for each personalized plate choice. All personalized disability license plates must be renewed before expiration date. There is no grace period.

The message, in any language, may not carry a sexual term that is vulgar, obscene, or in poor taste, nor consist of a term that is considered to be one of obscenity, contempt, prejudice, hostility, insult, racial degradation, ethnic degradation, profanity, or vulgarity.

#### **Hearing-Impaired Applicants**

You may communicate with Special Plates through a telecommunication device for the deaf (TDD) by dialing (208) 334-4458.



# Persons With Disabilities

# License Plate and Special Placard Application



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