



## APPLICATION FOR DISABLED PARKING IDENTIFICATION PLACARD

Instructions: Print clearly and legibly.

APPLICANT INFORMATION		
ELIGIBLE PERSON'S FULL NAME (Printed)	PHONE NUMBER	
MAILING ADDRESS (including city, state, zip)	DATE OF BIRTH	
DRIVER LICENSE NUMBER (if applicable)	STATE	CLASS
APPLYING FOR (check only one)  <input type="checkbox"/> <b>Temporary</b> disabled parking placard ( <i>only one placard is allowed</i> ) <input type="checkbox"/> <b>One Permanent</b> disabled parking placard <input type="checkbox"/> <b>Two Permanent</b> disabled parking placards <input type="checkbox"/> <b>One Permanent</b> disabled parking placard and <b>one set</b> of disabled parking license plates*  <i>*Note: A set of license plates can include plates for both a car and a motorcycle and are issued by the County Treasurer's office after obtaining one placard. The name of the person to whom the placard and plate is issued must be listed on the vehicle's registration.</i>  <i>I understand, by signing below, that the issuance of a disabled parking placard may result in a driver license review to determine my ability to operate a motor vehicle safely and to verify that my license reflects the proper restrictions for the stated condition. (This is only applicable if the eligible person holds a valid Wyoming driver license.) I certify that I have read the "Notice of Conditions and Restrictions" on the back of this form.</i>		
APPLICANT'S SIGNATURE	DATE	
DISABILITY CERTIFICATION <small>(Note: If this section is incomplete, it may have to be returned to the physician for completion.)</small>		
Please check all that apply, at least one <b>must</b> be checked in order for the Department to issue a placard. ( <i>see W.S. 31-2-213(d)(ii)</i> )  "Eligible person" means a person with disabilities which limit or impair the ability to walk as determined by a licensed physician, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> An inability to walk two hundred (200) feet without stopping to rest;</li> <li><input type="checkbox"/> An inability to walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device;</li> <li><input type="checkbox"/> A restriction by lung disease to such an extent that the person's forced expiratory volume for one (1) second when measured by spirometry is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest;</li> <li><input type="checkbox"/> Requires use of portable oxygen;</li> <li><input type="checkbox"/> Has 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 established by the American Heart Association;</li> <li><input type="checkbox"/> A severe limitation on the ability to walk due to an arthritic, neurological or orthopedic condition; or</li> <li><input type="checkbox"/> A severe visual impairment that limits the person's mobility.</li> <li><input type="checkbox"/> A severe audio impairment that limits the person's mobility.</li> </ul>		
<b>Applicant is eligible for:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Permanent Disabled Parking Identification Placard</b> (<i>condition is expected to last a minimum of twelve (12) months</i>)</li> <li><input type="checkbox"/> <b>Temporary Disabled Parking Identification Placard</b> (<i>condition is expected to last not more than six (6) months</i>)                # of months needed _____</li> </ul>		
<i>I certify that I am a licensed physician. I further certify that I have treated or I am familiar with the medical treatment provided to the person applying for the Disabled Parking Identification Placard and that this person's condition is as stated in this section.</i>		
PHYSICIAN'S NAME (Printed)	PHONE NUMBER	
PHYSICIAN'S SIGNATURE	PHYSICIAN'S LICENSE NUMBER	DATE
**WYDOT USE ONLY**		
PLACARD NUMBER(S)	DRIVER LICENSE EMPLOYEE SIGNATURE	DATE

Should you have any questions regarding this form, please email [dot-medicals@wyo.gov](mailto:dot-medicals@wyo.gov).

**Mail to: Wyoming Department of Transportation (WYDOT)**      **OR Fax to: 307-777-4922**  
**Driver Services - Driver Review Section**  
**Phone: 307-777-4839**  
**5300 Bishop Boulevard, Cheyenne, WY 82009-3340**

## **NOTICE OF CONDITIONS AND RESTRICTIONS**

### **Wyoming Statute 31-2-213(e):**

- This placard is nontransferable. It is unlawful to loan a placard to any person for any reason, regardless of whether that person is handicapped.
- The placard shall be suspended from the rearview mirror inside the vehicle, so as to be in plain view of any person looking through the windshield of the vehicle from the sidewalk or roadside. For motor vehicles which do not have rearview mirrors, the placard shall be displayed on the dashboard of the parked vehicle, on the side nearest the curb or roadside.
- Any fraudulent or other misuse of the placard may result in withdrawal of the placard from the holder pursuant to subsection (k) of this section.
- The placard shall be surrendered to the issuing authority upon death of the holder or when the holder is no longer disabled.

**Wyoming Statute 31-2-213(k):** Any person who is guilty of fraudulent or other misuse of the permit issued under this section is subject to a fine of not more than one hundred dollars (\$100.00) for the first offense. Upon receiving notice of a conviction under this subsection from the court, the department shall suspend the handicapped parking permit for a period not to exceed sixty (60) days. For a subsequent conviction under this subsection, an individual is subject to a fine of not more than two hundred fifty dollars (\$250.00) and the department shall suspend the handicapped parking permit for a period not to exceed six (6) months.