SERVICE OKLAHOMA

Physical Disability Parking Placard Application

Service Oklahoma requires approximately 20 business days after receipt to process the application.

Sections 1 and 2 of this form must be completed by applicant (patient) and physician before a disability placard can be issued.
If you are only seeking a replacement placard which has been lost, stolen, or destroyed, only Section 1 must be completed.

Type of placard requested: ☐ New ☐ Renewal ☐ Replacement (Lost/Stolen/Destroyed)

Number of placards requested: ☐ 1 placard ☐ 2 placards (Limit 1 replacement placard if lost, stolen, or destroyed during the term of the original placard)

I hereby make application to Service Oklahoma for a physical disability parking placard. I understand I must display the official placard on the rearview mirror upon parking. I understand the placard may only be displayed in motor vehicles either operated by me, or in which I am a passenger. I understand that any person who knowingly makes false application for a disability parking placard, or makes or allows unauthorized use thereof, is guilty of a misdemeanor and upon conviction shall be punished by a fine of $500.

Section 1 – Applicant (Patient) Information (Please print or type)

First Name	Middle Name	Last Name	Date of Birth

Mailing Address	City	ST	Zip

Driver License/State Identification Card Number	Phone

NOTICE: I understand that by signing and submitting this form, my ability to operate a motor vehicle may be reviewed by Service Oklahoma as provided in 47 O.S. § 6-119, pursuant to the standards prescribed by the Driver License Medical Advisory Committee as created in 47 O.S. § 6-118.

_____
Signature of Applicant or Person Responsible for Applicant (required)

NOTICE: Service Oklahoma shall only consider new or renewal applications submitted within sixty (60) days of the date of the physician's signature in Section 2.

Section 2 - Physician

The following section must be completed in full by a physician licensed to practice medicine or surgery, osteopathic medicine, chiropractic, podiatric medicine, or optometry; a licensed physician assistant; or a licensed and certified advanced registered nurse practitioner.

Physician's statement concerning the above-named applicant (patient):

- ☐ **A.** Cannot walk 200 feet without stopping to rest, or
- ☐ **B.** Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistant device, **(Must circle appropriate response)**
- ☐ **C.** Is restricted to such an extent that the person's forced (respiratory) expiratory volume for one liter, or the arterial oxygen tension is less than 60MM/HG on room air at rest, or
- ☐ **D.** Must use portable oxygen, or
- ☐ **E.** Has functional limitations which are classified in severity as Class III or Class IV according to standards set by the American Heart Association, or
- ☐ **F.** Is severely limited in his or her ability to walk due to an arthritic neurological, or orthopedic condition, or complications due to pregnancy, **(Must circle appropriate response)**
- ☐ **G.** Is certified legally blind, or
- ☐ **H.** Is missing one or more limbs which impairs mobility.

In your professional opinion would this condition affect this person's ability to safely operate a motor vehicle under normal or adverse driving conditions?
☐ No ☐ Yes

Type of placard approved by signing physician (choose one)
☐ Temporary Placard, issued for a maximum of 6 months. Expiration date, not to exceed 6 months: _____
☐ 5-year Placard

I certify that the applicant's (patient's) physical disability described above is accurate, and said diagnosis is within the scope of my practice.

Date	Physician's Name	Physician's License Number

Mailing Address	City	ST	Zip

Phone	Signature

Physician must indicate the type of placard and provide all information along with their signature.

FOR SERVICE OKLAHOMA USE

Expiration Date:	**Date Issued:**	**Placard Number:**

Mail completed application to:
Service Oklahoma
Driver License Services - Disability Parking Permits
PO Box 11415
Oklahoma City, OK 73136-0415

If you have any questions, please consult the frequently asked questions (FAQ) found on our website at https://service.ok.gov or call 405-425-2693.