

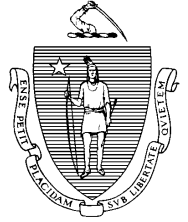


MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Medical Affairs Branch
P.O. Box 199100
Boston, MA 02119-9100
(617) 351-9222

For Hand Deliveries: 630 Washington St., Boston, MA

www.mass.gov/rmv



APPLICATION FOR DISABLED PARKING PLACARD/PLATE

THIS SIDE OF THE APPLICATION MUST BE COMPLETED IN THE DISABLED PERSON'S NAME

Disabled person must be a Massachusetts resident. Please note the information required in this application may affect your license status.

NOTE: Incomplete applications will not be processed. This application must be submitted to the RMV within thirty (30) days of the healthcare provider's certification. You should allow at least thirty (30) days for RMV processing. Additional documentation may be required.

NOTE: REPORT OF CERTAIN MEDICAL CONDITIONS MAY RESULT IN AUTOMATIC LOSS OF LICENSE

Disabled Person's Information (Please Print)

Form fields for personal information: Last Name, First Name, Middle, Gender, Address, City/Town, Zip Code, Date of Birth, Social Security Number (SSN), Height, Telephone Number, Drivers License Number or Mass I.D. Number

Is this the first time you have submitted an application for a disabled parking placard/plate? Yes No
If applicable, please print your current disabled parking placard or plate number

I am applying for the Following:

- Placard No fee required for a placard (disabled person's photo must be stored before a placard can be issued).
Plate Only issued to individuals who have a vehicle registered in his/her name. Registration fees apply.
Motorcycle Plate Only issued to individuals who have a vehicle registered in his/her name. Registration fees apply.
DV Plate Only issued to individuals who a) have a vehicle registered in their name; b) meet Medical Affairs guidelines; c) provide the DV Plate letter from the Veterans Administration stating that the disability is at least 80% service connected.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize the healthcare provider completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.

Signature of disabled person

Date

