

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0620

APPLICATION FOR DISABLED PERSON PARKING PERMIT

*****SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY*****

Please Print/Type Below

APPLICATION BY DISABLED PERSON (See Warning Below)

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes. I further state that my physician or other certifying practitioner has completed the statement of certification below on my behalf, as required in section 320.0848, Florida Statutes.

Name of Disabled Person as printed on the Florida Driver License or Florida ID Card

Signature of Disabled Person, Parent or Guardian of Disabled Person

Date of Birth

Sex

Date Signed

Street Address

City

State

Zip Code

Florida Driver License Number or Florida Identification Card Number:

(Required for permanent and temporary parking permit)

If applicable, check one of the following:

I am a frequent traveler.

I am a quadriplegic.

LONG TERM DISABILITY **PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION (See Warning Below)**

PERMANENT PERMIT: This is to certify that _____ is legally blind or is a disabled person with a permanent disability(ies) that limits or impairs his/her ability to walk 200 feet without stopping to rest. The specific disability(ies) is/are checked below:

Legally blind (this is the only disability an Optometrist can certify).

**** NOTE: "Unable to walk 200 feet" is no longer a qualifying disability, unless it is due to one of the conditions listed below (a-f). ****

- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

b. The need to permanently use a wheelchair.

c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.

d. Use of portable oxygen.

e. Restriction by 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.

f. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.

TEMPORARY PERMIT: This is to certify that _____ is a person with a temporary disability (six months or less) that _____ limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary specific disability(ies) checked above, recommend a disabled person parking permit to be issued from _____ (date) through _____ (date).

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000 or both.

Print/Type Name of Certifying Authority

Signature

Date Signed

Business Street Address

(Area Code) Telephone Number

City

State

Zip Code

Certification or License No. (Required) _____ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.

LICENSED IN THE STATE OF: _____

Please Print/Type

APPLICATION BY AN ORGANIZATION (See Warning Above)

This is to certify that _____ provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of vehicles in fleet for this purpose _____

Signature of Organization's Authorized Representative

Date Signed

Street Address

City

State

Zip Code

FEID NUMBER: _____

TAX COLLECTOR USE ONLY

Agency Personnel Processing this Application

County

Agency

Date

HSMV 83039 (Rev. 04/06) S

PROVISIONS OF LAW:

Section 320.0848, Florida Statutes, provides for the issuance of the disabled person parking permit. **This section was amended to no longer allow the applicant to qualify because they are unable to walk 200 feet. This disability must be due to a condition listed in (a-f) on the reverse side of this form in the "Physician/Certifying Practitioner's Statement Of Certification" section.**

Section 316.1958, Florida Statutes, provides that motor vehicles displaying a license plate or parking permit issued to a disabled person by any other state or district subject to laws of the United States, shall be recognized as a valid plate or permit, allowing such vehicle the special parking privileges in Florida, provided such other state or district grants reciprocal recognition for disabled residents of this state. **All of the United States have agreed to reciprocate.**

RENEWAL INSTRUCTIONS:

Submit a copy of the registration for your expiring parking permit, along with the appropriate fees, by mail or in person to the tax collector's office or license plate agency in the county where you live.

Contact your local county tax collector's office or license plate agency for fee information.

APPLICATION REQUIREMENTS:

1. The form HSMV 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section, verifying the disability. See list below for acceptable "certifying authorities."
2. A Florida driver license number or Florida identification number is required.
3. Contact your local county tax collector's office or license plate agency for fee information.

CERTIFYING AUTHORITIES:

The "**Physician/Certifying Practitioner's Statement of Certification**" section on the reverse side of this form **MUST** be completed by **one** of the following and must include the certifying authority's license number and the name of the state where their license was issued:

- Physician licensed to practice under Chapters 458, 459 or 460, Florida Statutes, or similarly licensed by another state.
NOTE: Documentation of the physician's licensure in the other state must be submitted.
- Osteopathic Physician.
- Podiatric Physician.
- Chiropractor.
- Optometrist (for sight only).
- Physician who practices medicine in a military medical facility, state hospital or federal prison. Indicate the facility and the address.
- Advanced registered nurse practitioner licensed under Chapter 464, under the protocol of a licensed physician.
- Physician assistant licensed to practice under Chapter 458 or Chapter 459.

MISCELLANEOUS INFORMATION:

1. An additional permit may be issued to a disabled person who qualifies as a frequent traveler or as a quadriplegic.
2. An organization may be issued as many disabled person parking permits as it has vehicles (that are used to transport disabled persons).
3. Temporary parking permits are issued for the time period specified by the certifying authority, not to exceed six (6) months. One (1) additional permit may be issued.
4. Permits issued to disabled persons will expire in four years on the owner's birthday. Permits issued to an organization will expire in four years on June 30.
5. The permit must be hung on the rear view mirror of any vehicle used to transport the disabled person(s) while parked in a designated disabled person parking space. The permit number must be visible from the front of the vehicle.
6. It is unlawful for any person to obstruct the path of travel to an accessible parking space, curb cut, or access aisle by standing or parking a vehicle within any such designated area.

WARNING: THE DISABLED PERSON MUST HAVE A FLORIDA DRIVER LICENSE OR FLORIDA IDENTIFICATION CARD IN THEIR POSSESSION WHEN THE PERMIT IS IN USE.