

SECTION A

| | | | | | | | | | | | | |
|---|--------------------------------------|-------------------------------|------------------------------------|--------------------------------------|-------------------------------|--------------------------------|-------------------------------|-----------------------------------|---------------------------------|-------------------------------------|--|---|
| <p align="center">DISABILITY PLATES</p> <p>PERSONALIZED? (If yes, complete Sec. H) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Standard Disability Plates (Passenger)</p> <p><input type="checkbox"/> Special Disability Plates Additional fees may apply</p> <p><input type="checkbox"/> Moped</p> <p><input type="checkbox"/> Motorcycle (vertical not available)</p> <hr/> <p>CRITICAL HABITAT DISABILITY PLATES (\$30 annual contribution)</p> <table border="0"> <tr> <td><input type="checkbox"/> Anglers</td> <td><input type="checkbox"/> Buck</td> </tr> <tr> <td><input type="checkbox"/> Chickadee</td> <td><input type="checkbox"/> Ladyslipper</td> </tr> <tr> <td><input type="checkbox"/> Loon</td> <td><input type="checkbox"/> Moose</td> </tr> <tr> <td><input type="checkbox"/> Deer</td> <td><input type="checkbox"/> Pheasant</td> </tr> <tr> <td><input type="checkbox"/> Turkey</td> <td><input type="checkbox"/> Pollinator</td> </tr> </table> | <input type="checkbox"/> Anglers | <input type="checkbox"/> Buck | <input type="checkbox"/> Chickadee | <input type="checkbox"/> Ladyslipper | <input type="checkbox"/> Loon | <input type="checkbox"/> Moose | <input type="checkbox"/> Deer | <input type="checkbox"/> Pheasant | <input type="checkbox"/> Turkey | <input type="checkbox"/> Pollinator | <p align="center">OTHER DISABILITY PLATES</p> <p><input type="checkbox"/> College University (\$25 annual cont.) School Name _____</p> <p><input type="checkbox"/> Law Enforcement Memorial Association (\$25 initial cont., \$5 annual)</p> <p><input type="checkbox"/> MN Golf (\$30 annual cont.)</p> <p><input type="checkbox"/> Remember Victims of Impaired Drivers</p> <p><input type="checkbox"/> Retired Firefighter - letter required</p> <p><input type="checkbox"/> Retired Law Enforcement - letter required</p> <p><input type="checkbox"/> State Parks and Trails (\$60 annual cont.)</p> <p><input type="checkbox"/> Start Seeing Motorcycles (\$15 annual cont.)</p> <p><input type="checkbox"/> Support Our Troops (\$30 annual cont.)</p> <hr/> <p align="center">VET SERVICE ORGANIZATIONS Must provide membership card</p> <p><input type="checkbox"/> American Legion</p> <p><input type="checkbox"/> Disabled American Veterans</p> <p><input type="checkbox"/> VFW</p> | <p align="center">VETERAN / MILITARY DISABILITY PLATES (DD - 214 required)</p> <p><input type="checkbox"/> Afghanistan Vet</p> <p><input type="checkbox"/> Armed Forces Expeditionary Vet</p> <p><input type="checkbox"/> Bronze Star Vet</p> <p><input type="checkbox"/> Combat Wounded</p> <p><input type="checkbox"/> Ex-POW</p> <p><input type="checkbox"/> Gulf War Vet (Service medal only)</p> <p><input type="checkbox"/> Global War On Terrorism Vet (select one) <input type="checkbox"/> Expeditionary Medal <input type="checkbox"/> Service Medal</p> <p><input type="checkbox"/> Iraq Vet</p> <p><input type="checkbox"/> Korean Defense Service Vet</p> <p><input type="checkbox"/> Korean Vet (Service medal only)</p> <p><input type="checkbox"/> Laos (Allied Vet)</p> <p><input type="checkbox"/> Pearl Harbor Survivor</p> <p><input type="checkbox"/> "Proud To Be A Veteran" (\$30 one time cont.)</p> <p><input type="checkbox"/> Silver Star Vet</p> <p><input type="checkbox"/> Vietnam Vet (Service medal only)</p> <p><input type="checkbox"/> Woman Vet</p> <p><input type="checkbox"/> World War II Vet (Service medal only)</p> <p><input type="checkbox"/> National Guard <input type="checkbox"/> Ready Reserve</p> |
| <input type="checkbox"/> Anglers | <input type="checkbox"/> Buck | | | | | | | | | | | |
| <input type="checkbox"/> Chickadee | <input type="checkbox"/> Ladyslipper | | | | | | | | | | | |
| <input type="checkbox"/> Loon | <input type="checkbox"/> Moose | | | | | | | | | | | |
| <input type="checkbox"/> Deer | <input type="checkbox"/> Pheasant | | | | | | | | | | | |
| <input type="checkbox"/> Turkey | <input type="checkbox"/> Pollinator | | | | | | | | | | | |

Complete Section A

SECTION B

DISABILITY LICENSE PLATES

Please list the disability parking certificate number issued to the **disabled applicant** for a PERMANENT physical disability
***If applicant does not have a Disability Parking Certificate for a PERMANENT disability, section O must be completed.**
Long-Term, Short-Term, & Temporary certificate holders do not qualify for disability plates

_____ # _____

If disabled person has two permanent certificates, check the box next to the one that has been surrendered

Complete Section B

SECTION C

Check one: NEW DUPLICATE TRANSFER

Complete Section C

SECTION D

INSURANCE: Minn. Stat. § 169.798(4) Every owner, when applying for vehicle registration, re-registration, or transfer of ownership, must provide information showing that the vehicle is covered by an insurance policy. Required information consists of:

| | | |
|--------------|---------------|-------------------------------------|
| | | |
| Company Name | Policy Number | Policy Expiration Date (mm/dd/yyyy) |

Complete Section D

SECTION E Describe below the vehicle on which special plates will be used.

| | | | | | | |
|------|------|-------------------------------|-----------------|-----------------|-------|------|
| MAKE | YEAR | VEHICLE IDENTIFICATION NUMBER | CURRENT PLATE # | CURRENT STICKER | MONTH | YEAR |
| | | | | | | |

Complete Section E

SECTION F When transferring special plates, describe below the vehicle on which the plates had been used.

| | | | | | | |
|------|------|-------------------------------|-----------------|-----------------|-------|------|
| MAKE | YEAR | VEHICLE IDENTIFICATION NUMBER | SPECIAL PLATE # | CURRENT STICKER | MONTH | YEAR |
| | | | | | | |

Complete Section F

SECTION G List the contact information for the applicant. If not registered owner or primary driver, complete Section L.

| | | | |
|-------------------|----------------------------|---------------|----------|
| NAME OF APPLICANT | DRIVER'S LICENSE/ID NUMBER | DATE OF BIRTH | |
| ADDITIONAL OWNER | DRIVER'S LICENSE/ID NUMBER | DATE OF BIRTH | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

Complete Section G

SECTION H NOTICE: Personalized plates are limited to 5 characters for disability passenger plates. Personalized disability motorcycle plates and weighted vehicles are limited to 4 characters. (see instructions).

| | | | | | |
|-----|--|--|--|--|--|
| 1st | | | | | |
| 2nd | | | | | |
| 3rd | | | | | |

List 3 personalized plates in order of preference:

Explanation of choices:

NOTE: This MUST be completed or plates will not be issued.

| | |
|---------------------|--|
| REGISTRATION TAX | |
| WHEELAGE TAX FEE | |
| PLATE FEE | |
| REPLACEMENT FEE | |
| PERSONALIZATION FEE | |
| PLATE TRANSFER FEE | |
| TECH FEE | |
| CONTRIBUTION | |
| STATE FILING FEE | |
| TOTAL DUE | |

Complete Section H – Personalized Plates

SECTION N

SIGNATURES

I certify the disability plates assigned to the previously described vehicle will be used only on that vehicle as long as it is in my possession. I will notify the department when these plates are removed or transferred to another vehicle.

Applicant Signature _____ Applicant is primary driver, if not, primary driver must also sign.

Primary Driver _____

Complete Section N (Signatures)

SECTION O

MEDICAL STATEMENT – To be completed by health professional

Check which definition(s) the applicant meets to qualify for the disability license plates: **(Note: Condition must be permanent)**

- 1. Applicant has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.
- 2. Applicant uses portable oxygen.
- 3. Applicant has an arterial oxygen tension (PAO2) of less than 60 mm/Hg on room air at rest.
- 4. The applicant is restricted by a respiratory disease to the extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter.
- 5. The applicant has lost an arm or leg and does not have or cannot use an artificial limb.

(IF CONDITIONS 6-9 ARE CHECKED, THE SPECIFIC DIAGNOSIS CAUSING THE DISABILITY MUST BE PROVIDED)

- 6. Because of the disability, applicant must use a wheelchair or cannot walk without the aid of; a walker, cane, crutches, braces, a prosthetic device or another person. Please specify _____
- 7. Because applicant has a condition that would be aggravated to such an extent that walking 200 feet would be life threatening. This condition is _____
- 8. The applicant cannot walk 200 feet without stopping to rest. This condition is _____
- 9. The applicant cannot walk without a significant risk of falling. This condition is _____

PLEASE NOTE:

Complete and accurate information regarding the disability must be provided. Conditions 6-9 must specifically identify the diagnosis causing disability.

"I certify, by my signature as a licensed physician, physician's assistant, advanced practice registered nurse or chiropractor that (patient's name)

_____, *in my professional opinion is permanently disabled and meets the definition(s) I have checked above*

and is entitled to the applied for license plates."

Health professional Signature and Title: X _____

Print Name _____ Address _____ Phone Number _____

Complete Section O (Medical Statement – to be completed by health professional)