



Iowa Department of Transportation

Office of Vehicle Services
P.O. Box 9278
Des Moines, IA 50306-9278
Website - www.iowadot.gov/mvd E-mail - vehser@dot.iowa.gov

Do Not Write In This Space

Permit # _____
Date Issued _____
Temporary Period _____ wks _____ months

APPLICATION FOR PERSONS WITH DISABILITIES PARKING PERMIT FOR IOWA RESIDENTS

- Removable Windshield Placard (complete Section 1) No. of Placards Needed: 1 Placard 2 Placards Temporary Permanent
- Special License Plates (complete Section 2) _____ Number of sets needed
- License Plate Parking Sticker (complete Section 3) _____ Number of stickers needed (can be placed on regular, special and personalized plates)
- Provider of Transportation Services (complete Section 4) _____ Number of placards needed

For Sections 1, 2, or 3 attach a medical statement, made on the physician's, chiropractor's, physician's assistant or nurse practitioners letterhead stationery, stating that you are a person with a disability and whether the disability is permanent or temporary. A temporary placard can be issued up to six months. Upon the expiration of your temporary placard a medical statement must be furnished with an application to obtain another temporary.

SECTION 1 Removable Windshield Placard:

Take this application form along with your medical statement stating you are a person with a disability to the Driver License Examining station in your area or mail to the Office of Vehicle Services at the address listed above.

Please Print

Date _____



International Symbol of Access

Applicant's Full Legal Name _____
(Last) (First) (Middle)

Social Security #, Iowa Driver License # OR Iowa Nonoperator ID Card _____
(Circle one and enter the corresponding number)

Date of Birth _____ Street _____
(Mo/Day/Yr)

City _____ State _____ Zip _____ County _____ Phone # _____

SECTION 2 Special License Plates for Applicant: (Are not issued to individuals with a temporary windshield placard).

Complete this application form and send your medical statement to your County Treasurer's office.

1. Current vehicle plate number(s) _____

Persons with Disabilities License Plate for Parent or Guardian of a Child With a Disability: (If a trailer, indicate LARGE SMALL)

1. Current County of Residence _____

2. Current vehicle plate number _____

3. A medical statement for the child with a disability (a medical statement is not needed if the child already has a permanent windshield placard)

I, _____ hereby certify that _____ resides with me at

Name of Parent /Guardian

Name of Child

Address

City

State

Zip Code

Date

Signature of Parent or Guardian

Persons with Disabilities license plates are available at your county treasurer's office. You must return your current plates and registration receipt at the time you obtain Persons with Disabilities license plates.

If completing sections 3 or 4, send the application to the Office of Vehicle Services at the address listed above.

SECTION 3 License Plate Parking Sticker: (Are not issued to individuals with a temporary windshield placard).

For each vehicle you are the titled owner and meet the definition of a person with a disability as defined in the Iowa Code, you may obtain a persons with disabilities parking sticker to be displayed on the rear license plate of your vehicle by submitting the following:

- 1. This application form.
- 2. Current vehicle plate number(s) _____
- 3. A medical statement (a medical statement is not needed if the applicant currently has a permanent windshield placard).

SECTION 4 Provider of Transportation Services:

This section can only be completed by organizations or individuals in the business of providing transportation services for persons with disabilities or elderly persons.

I certify that the vehicle in which the placard is displayed provides transportation services.

Agency _____ Fed. ID# _____

Address _____ County _____

City _____ Zip _____

Auth. Rep. _____ Title _____

Telephone # _____ Date _____

SECTION 5 Certification For A Replacement Parking Permit:

I certify that I have submitted to the Iowa Department of Transportation a physician's statement stating that my disability is permanent temporary.

I need a replacement because my permit # _____ was: lost stolen destroyed damaged
(damaged permit must be returned to the department, if possible.)

Signed _____

DEFINITIONS: (Iowa Code Chapter 321L.1)

"Person with a disability" means a person with a disability that limits or impairs the person's ability to walk. A person shall be considered a person with a disability for purposes of this chapter under the following circumstances:

- a. The person cannot walk two hundred feet without stopping to rest.
- b. The person cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
- c. The person is restricted by lung disease to such an extent that the person's forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest.
- d. The person uses portable oxygen.
- e. The person 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 set by the American Heart Association.
- f. The person is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

DISPLAY OF THE REMOVABLE WINDSHIELD PLACARD: Hang it from the rear view mirror in the driver's compartment of the vehicle so that it is in view when looking through the windshield from the outside of the vehicle when the vehicle is parked in a space designated for persons with disabilities. If there is no rearview mirror in the vehicle, the removable windshield placard shall be displayed on the dashboard. **The placard shall only be displayed when the motor vehicle is parked in a persons with disabilities parking space or in a parking space not designated as a persons with disabilities parking space if a wheelchair parking cone is used pursuant to Iowa Code Section 321L.2A.**

RETURN OF PARKING PERMIT: Return to a Driver License Examining station or the Iowa Department of Transportation, Office of Vehicle Services, P.O. Box 9278, Des Moines, Iowa 50306-9278 or any law enforcement office within 10 days of the occurrence of any of the following:

- The person to whom the permit has been issued is deceased or has moved out of state.
- The person has found or has in his/her possession a permit that was not issued to that person.
- The permit has expired or has been revoked.
- The permit was reported lost or stolen and is later found or retrieved after a subsequent permit has been issued.

Special license plates shall be surrendered to the county treasurer's office where the vehicle is registered.

SPECIAL LICENSE PLATES: Iowa law provides for issuance of special plates to an owner of an automobile, light delivery truck, panel delivery truck, pickup, or trailer who is a person with a disability. The law also allows a parent or guardian of a child with a disability as defined in section 321L.1, of the Code to apply for a special license plate upon proof of residency of the child. The "Application for Iowa Special License Plates", Form 411238, shall be used when applying for personalized special license plates. Annually the applicant shall, at renewal time, provide a self certification stating the owner of the motor vehicle is still a person with a disability as defined in section 321L.1 of the Iowa Code.

PROOF OF RESIDENCY: This form certifies the child with a disability still resides with the parent or guardian who is applying for a special license plate. The certification must be filed at the time of application and each registration year thereafter.

CONTIGUOUS STATE: Iowa law allows a written statement from a physician, physician's assistant, nurse practitioner, or chiropractor licensed to practice in a contiguous state. The contiguous states are: Minnesota, Wisconsin, Illinois, Missouri, Nebraska and South Dakota.

WHEELCHAIR PARKING CONE: A list of vendors that sell the wheelchair parking cones is available from the Department upon request. A person issued a persons with disabilities parking permit who uses a wheelchair due to a disability that renders the person permanently unable to walk, may park in a persons with disabilities parking space, or a space not designated as a persons with disabilities parking space, and reserve up to an eight foot space adjacent to the motor vehicle for the purpose of exiting and entering the motor vehicle if the following conditions are met:

- 1.) The wheelchair parking cone is placed within eight (8) feet of the vehicle entry
- 2.) The parking permit is displayed
- 3.) The motor vehicle and parking cone do not obstruct an aisle, street, or roadway
- 4.) The parking space is provided by the State, political subdivision, or an entity providing NON-Residential parking
- 5.) A copy of the medical statement is carried in the vehicle

PENALTIES: A fraudulent application or physician's, chiropractor's, physician's assistant's or nurse practitioner's statement to obtain a persons with disabilities parking permit may result in a \$300 civil penalty and revocation of the permit. Improper use of a parking permit as defined in Iowa Code subsection 321L.4(2) may result in a criminal fine of \$200. Misuse of a parking permit as defined in Iowa Code section 321L.3 may result in a criminal fine of \$200. For a wheelchair parking cone violation the scheduled fine is \$20. For interference with a wheelchair parking cone the scheduled fine is \$200.