

Disabled Person's Parking Affidavit

☐ New ☐ Renewal						
Section One - Except for signature(s), this form must be typed, electronically completed and printed or legibly hand printed. Note: The vehicle owner information is only required when applying for a DP license plate. You do not have to own a vehicle to obtain a DP parking permit (placard). Apply at the Tag Office in the county in Georgia where you reside.						
* Vehicle Owner's Full Legal Name			* Driver's License # & Name of Issuing State (person operating vehicle)			
*Vehicle Owner's Street Address including city, state & zip			*County of Residence			
Disabled Person's Full Legal Name			*Relationship to Vehicle Owner- Check only one box Child Self Spouse Ward			
			* Disabled Person's Driver's License # & Name of Issuing State(if applicable)			
Disabled Person's Street Address including City, State & ZIP			Active Military Duty Retired GA Veteran			
Section Two - For Institutions Only: This vehicle is used primarily for the transportation of disabled persons.						
Institution's Full Legal Name (Institution as defined by Georgia Law §31-7-1)- Attach a copy of institutional license						
Vehicle Year & Make	Vehicle Iden		<u> </u>	Vehicle Color		Vehicle Tag #
Institution Authorized Representative's Signature & Position – PARKING PERMIT			S (Placards) ONLY'			Date
Section Three						
Check applicable box(s) below: You may apply for both a Disabled Person's Parking Permit and Disabled Person's License Plate with this form.						
☐ Temporary Parking Permit (Placard) No Fee-Termination date of disability:						
☐ Permanent Parking Permit (Placard) No Fee- Must be replaced every four (4) years from issue date.						
□ Special Permanent Parking Permit (Placard) No Fee-Because of a physical disability, drives a motor vehicle which has been equipped with hand controls for the operation of the vehicle's brakes and accelerator; or is physically disabled due to the loss of, or loss of use of, both upper extremities. Must be replaced every four (4) years from issue date.						
☐ Disabled Person's License Plate (Fee \$20.00 plus any taxes that may be due).						
Section Four - To be completed by a licensed doctor of medicine, osteopathic medicine, podiatrist, optometrist or a licensed chiropractor.						
Is disability permanent? \(\text{ Yes} \) No-Temporary permits shall be issued for no more than 180 days						
I hereby swear and affirm that the above individual as defined by Georgia Law §24-9-101 and §460-6-221(5):						
☐ Is so ambulatory disabled that he/she cannot walk 200 feet without stopping to rest.						
☐ Cannot walk without use of assistance from a brace, a cane, a crutch, another person, a prosthetic device, a wheelchair, or other assistive device.						
☐ Is restricted by lung disease to such an extent that his/her forced respiratory volume for one second, when measured by spironmetry is less than one liter, or when at rest his/her arterial oxygen tension is less than 60 millimeters of mercury on room air.						
☐ Uses portable oxygen.						
Has a cardiac condition to the extent that his/her functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.						
☐ Is severely limited in his/her ability to walk due to an arthritic, neurological, orthopedic condition or complications due to pregnancy.						
☐ Is hearing impaired pursuant to Georgia Law §24-9-101.						
Is blind individual whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses or whose visual acuity. If better than 20/200, is accompanied by a limit to the field or vision in the better eye to such degree that is widest diameter subtends and angle of no greater than twenty-degrees(20).						
Section Five - Certification						
Licensed Doctor's Printed Name		Doctor's License #		State of Issuar	nce	Signature
Office Street Address including City, State & ZIP Telephone # including area code						
Note: Notarization Required For Licensed Doctor's Signature						
Sworn to and subscribed before me			Notary Public's Signature & Notary Seal or Stamp			
This day of,,,			Date My Notary Commission Expires			
County and State Use Only * Detection Schoolule: This form will be retained at the County Tog Office for two (2) years from the data issued.						
* Retention Schedule: This form will be retained at the County Tag Office for two (2) years from the date issued.						
Disabled Person's Parking Permit #						