

<b>BMV OR DEPUTY USE ONLY</b>
PLACARD NO.
ISSUE DATE

**OHIO BUREAU OF MOTOR VEHICLES**  
**APPLICATION FOR DISABILITY PLACARDS**  
Ohio Revised Code, Section 4503.44  
**SEE REVERSE SIDE FOR INSTRUCTIONS**

**NOTE: YOUR  
PHYSICIAN/CHIROPRACTOR  
MUST PROVIDE A COMPLETED  
PRESCRIPTION.**

Ohio Revised Code Section 4503.44 allows an applicant to obtain only one removable windshield placard. A person with a disability that limits or impairs the ability to walk is entitled to request one additional placard that may be issued at the discretion of the Registrar. Consideration will be given only if the person applies separately for an additional placard and states the reason why the additional placard is necessary. Second placards are issued for an additional fee of \$3.50. Second placards are available for definable needs.

**Please list the reason an additional placard is warranted** \_\_\_\_\_.

**INDICATE TYPE OF PLACARD REQUESTED.**

- New Placard - \$3.50       Temporary Placard - \$3.50       Organization transporting disabled persons - \$3.50
- Replacement - \$3.50      Original was:  Damaged     Lost     Stolen
- Renewal - \$3.50 Do not apply more than 90 days prior to expiration date.

Previous Placard # \_\_\_\_\_ (applies only for renewal or replacement)

**TO BE COMPLETED BY APPLICANT**

**PLEASE PRINT OR TYPE**

NAME OF DISABLED PERSON		SIGNATURE OF DISABLED PERSON, OR NEXT OF KIN <b>X</b>	
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
SOCIAL SECURITY NUMBER OF DISABLED PERSON	DATE SIGNED		TELEPHONE NUMBER (      )

**PHYSICIAN/CHIROPRACTOR'S CERTIFICATION FOR PRESCRIPTION**

1. Cannot walk two hundred feet without stopping to rest.	4. Uses portable oxygen.
2. Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.	5. 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
3. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty millimeters of mercury on room air at rest.	6. Is Severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.
	7. Is blind.

**THE PRESCRIPTION MUST CONTAIN THE FOLLOWING INFORMATION:**

- Name of the person with the disability
- How long the disability is expected to last
- The physician/chiropractor must specify an ending date on the prescription or the application will be rejected
- Indicate you are applying for a disability placard or similar language
- The physician/chiropractor must sign and date the prescription
- Placards expire on the date specified by the physician/chiropractor not to exceed five (5) years**

**APPLICATION BY AN ORGANIZATION**

This is to certify that we are a private organization or corporation or any governmental board, agency, department, division, or office, that, as part of its business or program, transports persons with disabilities (limited or impaired ability to walk) on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with special equipment for use by persons with disabilities.			
SIGNATURE OF AUTHORIZED AGENT/OFFICER <b>X</b>		TITLE/POSITION	DATE SIGNED
NAME OF ORGANIZATION		FEDERAL TAX ID/CHARTER NUMBER	
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (      )
SERVICE PROVIDED FOR PERSONS WITH DISABILITIES			

**Warning: Applicant giving false information is subject to prosecution (O.R.C. 2921.13)**

## INSTRUCTIONS

**Ohio Law:** Section 4503.44 of the Ohio Revised Code, permits the issuance of a parking placard for persons with disabilities and organizations. The placard must be hung on the rear view mirror.

### APPLICATION REQUIREMENTS:

#### I. TO OBTAIN A PLACARD FOR THE PERSON WITH A DISABILITY

- A. The application for the parking placard must be completed in the name of the person with a disability and signed.
- B. Proof of the disability must be submitted.
  1. Attach prescription. Prescription must be dated, indicate the name of the person with a disability, state that it is written for a disability placard, state the duration of disability and must be signed by the physician.
  2. A veteran must submit a letter on Veteran's Administration (V.A.) letterhead (form S.F. 544) or a prescription with this application. The letter from the V.A. must state the veteran's name, percentage of service connected disability, expected duration of disability, and qualifying disabling condition per O.R.C. 4503.44.
- C. If your placard has been lost, stolen, or damaged complete the top portion of this application and sign. No physician certification is required. List your previous placard number, and check the reason for replacement. Replacement placards are issued for the same expiration date as that of the initial placard regardless of issuance date.
- D. Remittance in the amount of \$3.50. Please make check payable to Treasurer, State of Ohio. Additional or replacement placards are issued for the same expiration date as that of the initial placard, regardless of issuance date.
- E. Take completed application and fee(s) to any local Deputy Registrar agency or mail to the Ohio Bureau of Motor Vehicles, Attn.: Registration Section, P.O. Box 16521, Columbus, OH 43216-6521.

#### II. TO OBTAIN A PLACARD FOR AN ORGANIZATION

- A. An organization may obtain a parking placard if it transports individuals with disabilities on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with special equipment for use by persons with disabilities.
  - The bottom portion of the front of this application must be completed in the name of the organization, signed by an officer.
  - You may obtain up to two placards per application.
  - If your placard has been lost, stolen, or damaged, complete the bottom portion of this application. List your previous placard number and check the reason for replacement. A replacement placard will expire on the same date as your original placard.
  - Remittance required in the amount of \$3.50 for the initial placard and \$3.50 for an additional placard. A replacement placard is \$3.50. Renewals \$3.50. Please make check payable to Treasurer, State of Ohio.
- B. Take completed application and fee(s) to any local Deputy Registrar agency or mail to the Ohio Bureau of Motor Vehicles, Attn.: Registration Section, P.O. Box 16521, Columbus, OH 43216-6521. (1-614-752-7800) or (1-800-589-8247)

### FINES AND PENALTIES

In accordance with ORC section 4511.69, any person parking, stopping or standing a motor vehicle in a special parking space designated properly for persons with disabilities without being operated by or transporting such a person and displaying a disability placard or special license plates is guilty of a misdemeanor. The fine is at least \$250.00 but not more than \$500.00, is not punishable with imprisonment, and is not a criminal offense.

In accordance with ORC sections 4731.481 and 4734.23, no physician or chiropractor respectively shall furnish a prescription to a person to enable the person to obtain a disability placard or special license plates if they do not meet the criteria in ORC section 4503.44, nor shall any physician or chiropractor provide the person with a prescription misrepresenting the expected length of disability. These offenses are misdemeanors of the first degree and are punishable by imprisonment of not more than six months, a fine of not more than \$1,000 or both, and sanctions by the State Medical Board or the Chiropractic Examining Board respectively.

In accordance with ORC section 4503.44, no person or organization shall misrepresent themselves as eligible for a disability placard or special license plates if they are not eligible according to the guidelines of this section. The penalty for this offense is confiscation of the placard or license plates and the revocation of privileges to obtain a disability placard or special license plates.

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**BMV USE ONLY**

Do not write in space below