DMV 41-TR (Rev 1/10)

WEST VIRGINIA DIVISION OF MOTOR VEHICLES

WEST VIRGINIA DIVISION OF MOTOR VEHICLES
CHARLESTON, WV 25317

PARKING APPLICATION FOR MOBILITY IMPAIRED PERSON

SECTION 1: APPLICANT INFORMATION

Please print in ink or type all of the following information

Name Last	First	Middle		Social Security Number
Mailing Address/Physical Address				Daytime Telephone Number
City	State	Zip Code	Date of Birth	Gender

INDICATE TYPE OF PERMIT DESIRED	CHECK BOX THAT APPLIES	Current Plate Number	Lost or Stolen Plate Number
☐ Placard ☐ Plate	☐ Original Placard ☐ Renewal of Placard ☐ Duplicate Placard - Lost or Stolen		

COMPLETE THE FOLLOWING ONLY IF REQUESTING A LICENSE PLATE

Title Number	Make	Year	Weight	Current License Plate	Vehicle Identification Number

I certify that I am a person with a mobility impairment which limits or impairs my ability to walk. I understand that any false statement may result in legal penalties pursuant to West Virginia Code 17C-13-6. A parent or legal guardian may sign for the applicant if the applicant is unable to do so. Please note your relationship to the applicant.

SIGNATURE OF APPLICANT OR PARENT OR LEGAL GUARDIAN	DATE

SECTION 2: PHYSICIAN'S CERTIFICATION

This section must be completed by a licensed physician

I certify and affirm that the above described applicant is a patient of mine and in my professional opinion his/her ability to walk is limited or impaired based on one of the following reasons as outlined in Federal Law 23 CFR 1235.2(b) 1-6-WV. State Law 17C13-6

☐ Permanent - Valid 1-5 years ☐ Temporary Valid for 6 months

Expiration depends on the date of issuance

- ☐ Cannot walk 200 feet without stopping to rest
- ☐ Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisted device.
- ☐ Is restricted by lung disease to such an extent 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 60mm/hg on room air at rest.
- ☐ Uses portable oxygen
- ☐ Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III of Class IV according to standards set by The American Heart Association
- ☐ Are severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition

Note: Please fill out this entire section. Failure to do so will result in this form being returned to the sender for completion. All physician's signatures and medical license are subject to review and verification. Physicians may be required to submit further documentation to substantiate the disability.

Physician's Name (Please print in ink or type)	Medical License Number	Medical License Expiration Date	
Business Address	City	State	Zip Code
Signature	Date	Telephone Number	

FOR DMV USE ONLY

Issued by	Issue Date	Expiration Date	☐ Lost ☐ Stolen
Placard / Plate Number		Previous Placard / Plate Number	