

West Virginia Department of Transportation  
**Division of Motor Vehicles**



**Parking Application for a Mobility Impaired Person**

Mail to: Mobility Impaired Placards & Plates - PO Box 17010 - Charleston, WV 25317  
 Questions: 1-800-642-9066 • www.dmv.wv.gov

<b>Applicant MUST Enter SSN Below</b>									
<b>DMV Completes Placard Detail Below</b>									
Plate and/or Placard Detail									

**PART I • TO BE COMPLETED BY THE APPLICANT (You must follow the instructions provided on the back of this form.)**  
**A.) Applicant Information • DO NOT FORGET TO ENTER YOUR SOCIAL SECURITY NUMBER IN THE LIGHT GRAY BOX ABOVE.**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

**B.) Plate and/or Placard Information • License plates can only be issued to an applicant whose name appears on the WV vehicle registration.**

**Request for a Mobility Impaired Plate**  
 Is this request due to a  LOST or  STOLEN plate?  
 Please list the lost or stolen plate number: \_\_\_\_\_

**Request for a Mobility Impaired Placard**  
 Is this request due to a  LOST or  STOLEN placard?  
 Please list the lost or stolen placard number: \_\_\_\_\_

**C.) Vehicle and Insurance Information • This section is only required to be completed if this request is for a license plate.**

Make \_\_\_\_\_ Weight \_\_\_\_\_  
MODEL YEAR TITLE NUMBER

Current License Plate # \_\_\_\_\_ Vehicle Identification Number \_\_\_\_\_  
(INCLUDE SPACES) VIN/SERIAL NUMBER

Policy No. \_\_\_\_\_ Insurance Company \_\_\_\_\_

NAIC Number \_\_\_\_\_ Insurance Agent \_\_\_\_\_

**D.) Applicant's Certification**

I certify that I am a person with a mobility impairment which limits or impairs my ability to walk and that all of the information above is accurate. 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 is unable to do so. Please note your relationship to the applicant.

(X) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SIGNATURE OF APPLICANT OR SIGNATURE OF LEGAL GUARDIAN AND RELATIONSHIP TO THE APPLICANT

**PART II • TO BE COMPLETED ONLY BY A LICENSED PHYSICIAN**

**E.) Patient Condition and Physician's Certification**

Type of Condition:  Permanent • Valid for 1-5 Years  Temporary • Valid for Six Months

Patient cannot walk 200 feet without stopping to rest.  
 Patient cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisted device.  
 Patient 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.  
 Patient uses portable oxygen.  
 Patient has a cardiac condition to the extent that their functional limitations are classified in severity as Class III or Class IV according to standards set by The American Heart Association.  
 Patient is severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition.

COMPLETE ALL OF PART II. FAILURE TO DO SO WILL RESULT IN THIS FORM BEING RETURNED TO THE SENDER FOR COMPLETION. ALL PHYSICIAN'S SIGNATURES AND LICENSE'S ARE SUBJECT TO REVIEW FOR VERIFICATION. PHYSICIANS MAY BE REQUIRED TO SUBMIT FURTHER DOCUMENTATION TO SUBSTANTIATE THE DISABILITY.

Physician's Name <small>(Please print in ink or type)</small>	Medical License Number	Medical License Expiration Date	____/____/____
Business Address	City	State	Zip
Signature (X)	Date	Telephone Number	(____) ____ - ____

## Instructions for Completing the Form: DMV-41-TR

### ALL APPLICANTS MUST BE WEST VIRGINIA RESIDENTS

1. The mobility impaired person **MUST** enter their Social Security Number in the light gray box on the upper right corner of the page. **DO NOT** write in the black box below the SSN field, it is for DMV use only.
2. The mobility impaired person completes **Section 1** and signs the application.
3. A licensed physician completes **Section 2**. (Licensed physician includes MD., DO., Chiropractor, Advanced Nurse Practitioner, and Physician's Assistant)
4. Applicants requesting a mobility impaired license plate must be listed on the registration of the vehicle listed in **Sub-Section C**.
5. The completed application can be processed at any DMV Regional Office or submitted by mail to the address listed below:

### **Division of Motor Vehicles Mobility Impaired Placards and Plates**

PO Box 17010  
Charleston, WV 25317

### Placard Information

1. When parked in a mobility impaired parking space, display the placard by hanging it on the rearview mirror, or, in the absence of a mirror post, on the dashboard.
2. If a parking placard or special license plate has been lost, stolen, mutilated or destroyed, a replacement may be requested at any DMV Regional Office or by mail to the DMV in Charleston. The cost of a replacement placard is \$5.00 per placard. Customer must complete a new application, but a doctor's recertification is not required.
3. Permanent mobility impaired placards and plates privileges and the **special ID cards are renewed every five years**. Renewal reminders will be mailed prior to expiration, to the address you have provided. However, **the license plate expires each year or every other year**.

### Situations that Warrant Returning Placards & Plates

1. The person to whom the permit has been issued is deceased or has moved out of state.
2. The person has found or has in his/her possession a permit that was not issued to that person.
3. The permit was reported lost or stolen and is later found after a duplicate has been issued.

**\*\*Special plates shall be surrendered to your local DMV Regional Office.**

**\*\*A fine of up to \$500.00 may be assessed for filing fraudulent applications for a mobility impaired parking permit. This fine also applies to the misuse of a parking space reserved for persons with a walking mobility impairment.**

### Important Information

**\*\*It is unlawful to loan this placard to any person for any reason, regardless of whether that person is mobility impaired. The mobility impaired person does not have to own or drive the vehicle to use the placard.**

**\*\*Placard should be hung from the rearview mirror when parked but should be removed from the mirror when driving.**

**\*\*Local governments designate parking spaces for persons with mobility impairments by local law or ordinance. Contact your local government if you have a question about designated parking for the mobility impaired.**