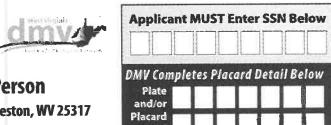
West Virginia Department of Transportation Division of Motor Vehicles

Parking Application for a Mobility Impaired Person



van to: Mobility Impaired Placard Questions: 1-800-642-9066 • v		· Clarie:	Stoll, WW 23		etail		3
PART I • TO BE COMPLETED B	Y THE APPLICANT (You n	nust follo	w the Instru	ıctions provid	ed on the back	of this fo	orm.)
A.) Applicant Information • D	O NOT FORGET TO ENTER	YOUR S	OCIAL SECU	RITY NUMBE	R IN THE LIGH	T GRAY E	BOX ABOVE.
NameF	IRST MIDDLE	Gender	Birth	date//	Phone _)	
Address STREET ADDRESS			C	ŦΥ	STATE		ZIP
B.) Plate and/or Placard Info	rmation • License plates can (only be iss	ued to an appl	icant whose nan	e appears on the	WV vehicl	e registration.
☐ Request for a Mobility Is this request due to a ☐ LO Please list the lost or stolen plate	Request for a Mobility Impaired Placard Is this request due to a □ LOST or □ STOLEN placard? Please list the lost or stolen placard number: □ LOST or □ STOLEN placard?						
C.) Vehicle and Insurance Inf	ormation • This section is an	ily require	d to be comple	ted if this reque:	st is for a license p	late.	
Make	Weight			MODEL YEAR	TITLE NUM	BER	
Current License Plate # (INCLUDE SPACES)	Vehicle Identification Number	VIN/SERIAL N	IUMBER				
Policy No.		Insu	rance Compa	ny			
NAIC Number	Insurance Agent		-				
D.) Applicant's Certification							A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
I certify that I am a person with a mob that any false statement may result in unable to do so. Please note your rela	legal penalties pursuant to West	mpairs my Virginia Co	ability to walk de §17C-13-6.	and that all of the A parent or legal	information abov guardian may sig	e is accura n for the ap	ite. I understand oplicant if the is
(X)						1 1	
SIGNATURE OF APPLICANT OR SIGNATUR	E OF LEGAL GUARDIAN AND RELATIO	NSHIP TO T	HE APPLICANT	# 1 80 3 4	DATE		
PART II • TO BE COMPLETE	ED ONLY BY A LICENSEL) PHYSI	CIAN				
E.) Patient Condition and Ph	ysician's Certification	173.4		州田町			
Type of Condition:	Permanent • Valid	l for 1-5	Years	Te	mporary • Va	alid for	Six Months
Patient cannot walk 200 feet without s Patient cannot walk without the use o' Patient is restricted by lung disease to the arterial oxygen tension is less than Patient uses portable oxygen. Patient has a cardiac condition to the deart Association. Patient is severely limited in their ability COMPLETE ALL OF PART II. FAILURE TO DO LICENSE'S ARE SUBJECT TO REVIEW FOR V	f or assistance from a brace, cane, crut such an extent the person's forced (re 60mm/hg on room air at rest. extent that their functional limitations by to walk due to arthritic, neurological	spiratory) ex are classifie II, or orthope BEING RETU	d in severity as Cledic condition. JRNED TO THE	for one second, wh ass III or Class IV acc	en measured by spir cording to standards MPLETION. ALL Ph	set by The A	American SIGNATURES AND
Physician's Name Medical Lie					Medical License Expiration Date	1	1
Business City				State ,	Zip		
Address Signature			Date	1	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.