

## ***Disabled Person's Parking Placards***

Fulton County citizens with a properly documented temporary or permanent disability can obtain a disabled person's parking placard that hangs from the vehicle's mirror at any of our six tag office locations. There is no charge for the placard.

An affidavit MV-9D form from a practitioner must be provided stating that the disability is expected to last less than 180 days or is considered permanent. The permanent placard is blue in color and must be renewed after 4 years. The temporary placard varies in color and expires as directed by the physician (valid up to 180 days). If needed you can request a Disabled Person's Parking Affidavit (MV-9D) to be forwarded to you by mail, fax or email.

A special license plate is also available for the passenger motor vehicle (including motorcycle) of a person with a permanent disability. The MV-9D affidavit is also required to obtain DP plate with a standard \$20 tag fee.

Mail your Disabled Person's Parking Affidavit in along with a copy of Georgia Driver's License or Georgia ID to 141 Pryor Street, Suite 1106 Atlanta, Georgia 30303.

## Disabled Person's License Plate Affidavit

**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 Owners' Full Legal Name	Driver's License # & Name of Issuing State
Vehicle Owners' Street Address including city, state & zip	County of Residence
Disabled Person's Full Legal Name	Relationship to Vehicle Owner - Check only one box <input type="checkbox"/> Child <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Ward
Disabled Person's Street Address including city state & zip	

**Section Two**

**For Institutions Only:** This vehicle is used primarily for the transportation of disabled persons.

Institution's Legal Name (Institution as defined by Georgia Law, section code 31-7-1) - Attach a copy of institutional license

Vehicle Year & Make	Vehicle Identification #	Vehicle Color	Vehicle Tag #
Institution Authorized Representative's Signature & Position - <b>&lt; PARKING PERMITS (Placards) ONLY &gt;</b>			Date

**Section Three**

Check applicable box(es) below: You may apply for both a Disabled Person's Parking Permit and a 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 date of issue.
- 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 date of issue.
- Disabled Person's License Plate (Fee \$20.00 plus any taxes that may be due).

**Section Four** - To be completed by the practitioner of the healing arts as defined in Georgia Law, code section 40-6-221(5.1) as amended.

Is disability permanent?    Yes    No

I hereby swear and affirm that the above individual as defined by Georgia Law, code section 24-9-101 and code section 40-6-221(5):

- Is hearing impaired pursuant to Georgia Law, code section 24-9-101.
- Is so ambulatory disabled that he/she cannot walk 200 feet without stopping to rest.
- Cannot walk without the use of or 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 spironometry 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 a 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 of vision in the better eye to such degree that the widest diameter subtends an angle of no greater than twenty-degrees (20).
- Is severely limited in his/her ability to walk due to an arthritic, neurological, or orthopedic condition or complications due to pregnancy.

**Section Five - Certification**

Licensed Doctor's Printed Name	Doctor's License #	State of Issuance	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 This _____ day of _____, _____ (Day)                      (Month)                      (Year)  _____ (Date My Notary Expires)	Notary Public's Signature & Notary Seal or Stamp
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**County and State Use Only**

**\*Retention Schedule: This form will be retained at the County Tag Office for two (2) years from date issued.**

Disabled Person's Parking Permit # \_\_\_\_\_