

PERSONS WITH DISABILITIES PARKING PRIVILEGES APPLICATION

Name of person with disability (please type or print in ink)		Date of Birth:	
Physical Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
I certify, under penalty of perjury, that I have read and understand the Persons with Disabilities plate and placard application and usage requirements and that I am responsible for the use in conformity with Colorado Revised Statutes 42-3-204 and 42-4-1208. I further understand that violation of the requirements in the statutes referenced above may result in fines and penalties up to \$5,000, incarceration and community service, and suspension of Persons with Disabilities placards and plates.			
Printed name as it appears on identification			
Signature			
Secure and Verifiable ID of (circle one) Applicant/Legal Guardian/Representative: (check appropriate box)			
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other (See DR 2841 for SVID Documents) _____			
ID#	Expires	DOB	
The undersigned witness affirms that the (circle one) applicant/legal guardian/representative signing this document presented the identification described above.			
Witness Printed Name			
Witness Signature		Date	
THIS SECTION BELOW MUST BE COMPLETED BY A PROFESSIONAL DEFINED IN COLORADO REVISED STATUTE 42-3-204(1)(g)			
This Person is Mobility Impaired as Described Below (Check one box)			
Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Colorado.			
<input type="checkbox"/> Persons who cannot walk two hundred feet without stopping to rest.			
<input type="checkbox"/> Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.			
<input type="checkbox"/> Persons who are 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 mm/hg on room air or at rest.			
<input type="checkbox"/> Persons who use portable oxygen.			
<input type="checkbox"/> Persons who have 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.			
<input type="checkbox"/> Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.			
Medical License Number and Issuing State			
Name of Professional (please type or print in ink)			
Address			
City	State	Zip	
I certify, under penalty of perjury, that the above named patient has a physical impairment complying with 23 CFR 1235. I have read and understand Colorado Revised Statute 42-3-204 and 42-4-1208 as they pertain to certifying persons with disabilities and affirm my knowledge of the contents of persons with disabilities notices and documentation made available to me pursuant to 42-3-204(5)(b), C.R.S.			
This impairment is: <input type="checkbox"/> Permanent* <input type="checkbox"/> Extended* <input type="checkbox"/> Temporary* <input type="checkbox"/> Short Term (will last 90 days or less)			
*These Placards are valid for and must be renewed every 3 years. See definitions on the first page.			
Impairments are defined as follows:			
Permanent - A condition that is not expected to change within a person's lifetime , given the current state of medical or adaptive technology.			
Extended - A condition that is not expected to change within thirty months after the issuance of an identifying figure, given the current state of medical or adaptive technology			
Temporary - A condition that is expected to last less than thirty months after the issuance of an identifying plate or placard, given the current state of medical or adaptive technology.			
Short Term - A condition that is not expected to last more than 90 days after the issuance of a placard (can be renewed with medical professional's authorization)			
** Chiropractors and Physical Therapists may only certify a physical impairment for Short Term Placards <u>Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor.</u>			
Signature of Professional			
Phone Number		Date	