

APPLICATION FOR HANDICAPPED LICENSE PLATES



THIS APPLICATION MUST BE COMPLETED IN FULL - INSTRUCTIONS ON REVERSE SIDE

Applicant Information

Please **PRINT** _____ Date of Application _____

Name of Handicapped Applicant _____ Date of Birth _____

Address _____ City _____ Zip _____

I am aware of my rights, duties and responsibilities regarding possession and use of a Handicapped License Plate and/or Handicapped Parking Permit and the penalties provided by law for handicapped parking violations.

Handicapped Applicant's Signature _____ Phone (____) _____

Vehicle Information

Vehicle Owner Name(s) _____

Vehicle Identification Number _____ Vehicle Year _____

Vehicle Make _____ Nebraska Title Number _____ County of Registration _____

If Name of Handicapped Applicant is different than Vehicle Owner Name, please indicate appropriate relationship:

Parent Foster Parent Legal Guardian Agent of Applicant Beneficiary of Trust

Handicapped Parking Permit (Optional)

I would like a Permanent Handicapped Parking Permit in addition to my Handicapped License Plates. (**Proof of the handicapped individual's identity must be included with this application or the permit request cannot be processed.**)

[Please note: Only one Handicapped Parking Permit is allowed per individual. This option is not available if the applicant currently holds a valid Handicapped Parking Permit. This application cannot be used to apply for a new Permanent Handicapped Parking Permit (except in conjunction with applying for Handicapped License Plates), a Temporary Handicapped Parking Permit, to renew an expiring Handicapped Parking Permit, or to obtain a duplicate Handicapped Parking Permit.]

MEDICAL CERTIFICATION

This section must be completed by a Licensed Physician, Physician Assistant or Nurse Practitioner.

I certify that the applicant named above has the following medical condition:

Visual impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.

Physical impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.

Respiratory problems which limit personal mobility.

A cardiac condition to the extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association.

Permanent loss of all or substantially all the use of one or more limbs.

I certify that the applicant named above meets the medical criteria established for the issuance of Handicapped License Plates and/or a Permanent Handicapped Parking Permit.

Certifier's Name/Company _____ Phone Number (____) _____

Address _____ City _____ State _____ Zip _____

Signature _____ Title _____ Date _____

**PROPER USE OF HANDICAPPED LICENSE PLATES
OR
A HANDICAPPED PARKING PERMIT**

The Handicapped License plate or Permanent Parking Permit issued from this application is not transferable, is to be used by the party to whom it is issued or for the motor vehicle for which it is issued, cannot be altered or reproduced and is to be used only when a handicapped or disabled person will enter and exit the motor vehicle while it is parked in a designated parking space. **Those convicted of a handicapped parking violation shall be subject to suspension of the permit for six (6) months and possible fines.**

APPLICATION INSTRUCTIONS

(No more than one (1) set of Handicapped License Plates for a Motor Vehicle, one (1) Handicapped License Plate for a Motorcycle, and one (1) Permanent Handicapped Parking Permit will be issued per individual.)

To apply for Handicapped License Plates complete in full the Applicant Information and Vehicle Information sections of the application on the reverse side, present it to a licensed physician, physician assistant, or nurse practitioner for completion of the Medical Certification portion, and mail the completed application (along with proof of identification if a Handicapped Parking Permit is requested) to:

**Nebraska Department of Motor Vehicles
Driver and Vehicle Records Division
301 Centennial Mall South
PO Box 94789
Lincoln, NE 68509-4789**

Once the application has been processed an approval letter will be sent to the handicapped applicant. The approval letter must then be presented to the County Treasurer in the applicant's county of residence for issuance of the Handicapped License Plates. A fee will be charged for the issuance of the new plates and registration.

If, in addition to the Handicapped License Plates, a Handicapped Parking Permit is requested, it will be mailed to the handicapped applicant at the same time as the license plate approval letter.

EXPIRATION and RENEWAL

A Handicapped License Plate must be renewed every six years (when license plates of new design are issued in Nebraska). To renew, reapplication through the Department of Motor Vehicles is required.

Expiration of a permanent Handicapped Parking Permit is the last day of the month of the applicant's birthday in the third year following issuance. To renew a permit, reapplication through the City/Village Clerk or designated County Official is required. A renewal Application for Handicapped Parking Permit may be submitted anytime during the month of expiration. Renewed permits cannot be mailed until 10 days prior to the expiration of the previous permit.

For questions concerning Handicapped License Plates and/or Handicapped Parking Permits or to request an application, please contact the Driver and Vehicle Records Division at (402) 471-3918.

**Additional information may be found, and applications may be downloaded, on our website at:
www.dmv.state.ne.us/dvr/**