

## Disabled Person's Parking Affidavit

**Section One** – Except for signature(s), this form must be typed, electronically completed and printed and legibly hand printed.

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

**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 §31-7-1](#)) - Attach a copy of institutional license

Vehicle Year & Make	Vehicle Identification #	Vehicle Color	Vehicle Tag #
Institution Authorized Representative's Signature & Position – "PARKING PERMITS (Placards) ONLY"			Date

**Section Three**

Check applicable box(s) below: You may apply for both a Disabled Person's Parking Permit and a Disabled Person's License Plate with this form. You cannot obtain both a Disabled Person's Parking Decal and a Disabled Person's License Plate.

- Temporary Parking Permit (Placard) No Fee – Not valid for more than six (6) months.
- Permanent Parking Permit (Placard) No Fee – Must be replaced every two (2) 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 two (2) years from date of issue.
- Disabled Person's Parking Decal (Fee \$5.00) – Valid for 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 §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 §24-9-101](#) and [§40-6-221\(5\)](#):

- Is hearing impaired pursuant to [Georgia Law §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 20/20 in the better eye with correcting lenses or whose visual acuity, if better than 20/200, is accompanied by a limit to the field or vision in the better eye to such degree that its 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**

Practitioner of the Healing Arts' Printed Name	GA License #	Signature	Date
Office Street Address including city, state & zip		Telephone# including area code (    )	

**Note: Notarization Required For Practitioner of the Healing Arts' Signature**

Sworn to and subscribed before me This _____ day of _____, _____ (Day)    (Month)    (Year) _____ (Date My Notary Commission Expires)	Notary Public's Signature & Notary Seal or Stamp
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**County and State Use Only**

Inventory# _____	Replacement Permit? Yes* <input type="checkbox"/> No <input type="checkbox"/>
Issue Date _____	* If yes, Replacement Permit # _____
New Application? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

## Instructions for Applying for a Disabled Person's License Plate, a Permanent or Temporary Permit (Placard) or Decal

Except for signature(s), this application must be typed, electronically completed and printed or legibly printed by hand for signing and submission.

### **Section One**

- Record the vehicle owner's full legal name and valid Georgia driver's license number.
- Record the vehicle owner's street address including the city, state and zip code.
- Enter the county name where the vehicle owner resides.
- Enter the disabled person's full legal name and check the box to indicate his/her relationship to the vehicle owner, e.g. child, self, spouse or ward.

### **Section Two – For Institutions Only**

For institutions only, enter

- The institution's full legal name;
- A description of the vehicle, e.g. vehicle year and make, vehicle identification number, vehicle color and vehicle tag number.
- The institution's authorized agent must sign and enter his/her position or job title with the institution.
- A copy of the institutional license must be attached.

### **Section Three**

- Check the box(s) indicating what you are applying for, e.g. temporary parking permit (placard); permanent parking permit (placard); disabled person's decal; special permanent parking permit (placard) or disabled person's license plate. You may apply for **both** a disabled person's parking permit (placard) and a disabled person's license plate or disabled person's decal with this form by checking the applicable boxes. You **cannot** obtain **both** a disabled person's parking decal and a disabled person's license plate.

**Note:** Disabled persons' license plates are issued to individuals, not to institutions.

### **Section Four**

The practitioner of the healing arts must:

- Check the applicable to indicate whether the disability is permanent or temporary.
- Check the applicable box to indicate the type of disability.

### **Section Five**

The practitioner of the healing arts must:

- Print his/her name, record his/her Georgia license number, sign and enter the date signed.
- Record their office street address including the city, state and zip code and his/her business telephone number, including the area code.

**Note:** This form must be completed and signed by a licensed practitioner of the healing arts, as defined by Georgia Law §40-2-74, as amended, and his/her signature must be notarized. In addition to signing the notary public must affix his/her notary seal or stamp and enter the date his/her notary commission expires.

This application can be electronically completed and printed from our web site, [www.dor.ga.gov](http://www.dor.ga.gov) for signing, notarization and submission to your County Tag Agent.