

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Medical Affairs Branch

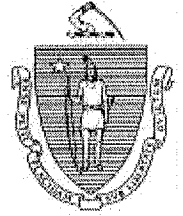
P.O. Box 55889

Boston, MA 02205-5889

(617) 351-9222

For Hand Deliveries: 630 Washington St., Boston, MA

www.mass.gov/rmv



APPLICATION FOR DISABLED PARKING PLACARD/PLATE

THIS SIDE OF THE APPLICATION MUST BE COMPLETED IN THE DISABLED PERSON'S NAME

Disabled person must be a Massachusetts resident. Please note the information required in this application may affect your license status.

NOTE: Incomplete applications will not be processed. This application must be submitted to the RMV within thirty (30) days of the healthcare provider's certification. You should allow at least thirty (30) days for RMV processing. Additional documentation may be required.

NOTE: REPORT OF CERTAIN MEDICAL CONDITIONS MAY RESULT IN AUTOMATIC LOSS OF LICENSE

Disabled Person's Information (Please Print)

Last Name	First Name	Middle	Gender
Address		City/Town	Zip Code
Date of Birth	Social Security Number (SSN)	Height	Telephone Number
Driver's License Number or Mass I.D. Number			

Is this the first time you have submitted an application for a disabled parking placard/plate? Yes _____ No _____

If applicable, please print your current disabled parking placard or plate number _____

I am applying for the Following:

- Placard** No fee required for a placard (disabled person's photo must be stored before a placard can be issued).
- Plate** Only issued to individuals who have a vehicle registered in his/her name. Registration fees apply.
- Motorcycle Plate** Only issued to individuals who have a vehicle registered in his/her name. Registration fees apply.
- DV Plate** Only issued to individuals who a) have a vehicle registered in their name; b) meet Medical Affairs guidelines; c) provide the DV Plate letter from the Veteran's Administration stating that the disability is at least 80% service connected.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize the healthcare provider completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.

Signature of disabled person

Date

