

Do not write in this space



APPLICATION FOR HANDICAPPED DRIVERS REGISTRATION PLATE

VEHICLE SECTION				
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER

OWNER SECTION	
Owner 1 ID # _____	Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name _____
Residence Address (Individual) Business Address (Firm) _____	
City and State _____	
Mail Address (if different from above) _____	
<i>I certify for the motor vehicle described above that I have financial responsibility as required by law.</i>	
_____ Insurance company authorized in NC	_____ Policy Number

<b>(This application must be signed by your physician)</b>		Year _____
<p><b>G.S. 20-37.5 Handicapped— definitions and parking privileges.</b> (1) "Handicapped" shall mean a person with a mobility impairment who, as determined by a licensed physician; (a) Cannot walk 200 feet without stopping to rest; (b) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (c) Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume of one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest; (d) Uses portable oxygen; (e) Has 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; (f) Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition; or (g) Is totally blind or whose vision with glasses is so defective as to prevent the performance of ordinary activity for which eyesight is essential, as certified by a licensed ophthalmologist, optometrist, or the Division of Services for the Blind.</p> <p>Any person who falls within the definition of handicapped shall be allowed to park for unlimited periods in parking zones restricted as to length of time parking is permitted. This provision has no application to those zones or during times in which the stopping, parking, or standing of all vehicles is prohibited or which are reserved for special types of vehicles. As a condition to this privilege the vehicle shall display a distinguishing license plate or removable windshield placard.</p> <p>I hereby apply for a handicapped drivers registration plate under the above statutory provisions and certify that my physical condition entitles me to the issuance thereof.</p>		
_____ (Applicant's Signature)	_____ (Date)	
I hereby certify that the physical condition of the above named applicant constitutes the applicant a handicapped driver as defined under statutory provision G.S. 20-37.5 and G.S. 20-37.6.		
_____ (Physician's Signature)	_____ (Physician's Printed Name)	_____ (Date)
_____ (Physician's Address)	_____ (Physician's Telephone Number)	
<i>(These plates are issued from Raleigh Office only)</i>		
<b>FEE: REGULAR REGISTRATION PLATE FEE</b>		