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Disabled Person's Parking Affidavit

☐ New ☐ Renewal

Section One - Except for signature(s), this form must be typed, electronically completed and printed or legibly hand printed.
Note: The vehicle owner information is only required when applying for a DP license plate. You do not have to own a vehicle to obtain a DP parking permit (placard). Apply at the Tag Office in the county in Georgia where you reside.

* Vehicle Owner's Full Legal Name	* Driver's License # & Name of Issuing State (person operating vehicle)
*Vehicle Owner's Street Address including city, state & zip	*County of Residence
Disabled Person's Full Legal Name	*Relationship to Vehicle Owner- Check only one box ☐ Child ☐ Self ☐ Spouse ☐ Ward * Disabled Person's Driver's License # & Name of Issuing State(if applicable)
Disabled Person's Street Address including City, State & ZIP	Active Military Duty ☐ Retired GA Veteran ☐

Section Two - For Institutions Only: This vehicle is used primarily for the transportation of disabled persons.

Institution's Full 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 Disabled Person's License Plate with this form.

☐ Temporary Parking Permit (Placard) No Fee-Termination date of disability: _____

☐ Permanent Parking Permit (Placard) No Fee- Must be replaced every four (4) years from issue date.

☐ 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 four (4) years from issue date.

☐ Disabled Person's License Plate (Fee $20.00 plus any taxes that may be due).

Section Four - To be completed by a licensed doctor of medicine, osteopathic medicine, podiatrist, optometrist or a licensed chiropractor.

Is disability permanent? ☐ Yes ☐ No-Temporary permits shall be issued for no more than 180 days

I hereby swear and affirm that the above individual as defined by Georgia Law §24-9-101 and §460-6-221(5):

☐ Is so ambulatory disabled that he/she cannot walk 200 feet without stopping to rest.

☐ Cannot walk without use of 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 spironmetry 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 severely limited in his/her ability to walk due to an arthritic, neurological, orthopedic condition or complications due to pregnancy.

☐ Is hearing impaired pursuant to Georgia Law §24-9-101.

☐ Is blind individual whose central visual acuity does not exceed 20/200 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 is widest diameter subtends and angle of no greater than twenty-degrees(20).

Section Five - Certification

Licensed Doctor's Printed Name	Doctor's License #	State of Issuance	Signature

Office Street Address including City, State & ZIP	Telephone # including area code

Note: Notarization Required For Licensed Doctor's Signature

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

County and State Use Only

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

Disabled Person's Parking Permit # _____