

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES

Neil Kirkman Building -Tallahassee, FL 32399-0620

**APPLICATION FOR REGULAR AND MOTORCYCLE INTERNATIONAL WHEELCHAIR SYMBOL
 LICENSE PLATE**

***** SUBMIT APPLICATION TO THE COUNTY TAX COLLECTOR'S OFFICE *****

I, _____, certify that I am a legal resident of Florida residing at

 Street Address City State Zip

and I am the registered Owner Lessee of the following described motor vehicle:

Vehicle Identification Number	Year	Make	Color	Body	Florida Title Number
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Owner/Lessee Date of Birth ____/____/____ SEX _____ CURRENT LICENSE PLATE _____

Florida Driver License Number or Florida Identification Number _____

I certify that I qualify for the wheelchair symbol license plate as defined in sections 320.0843 or 320.0848, Florida Statutes, and I have obtained the appropriate physician's certification.

Check one:

- Regular size license plate
 Motorcycle size license plate

 SIGNATURE- DISABLED PERSON Date

PHYSICIAN'S STATEMENT OF CERTIFICATION

For Disabled Person to Obtain a Regular or Motorcycle Size Wheelchair Symbol License Plate

This is to certify that _____ is a disabled person with specific disability(ies) that limit or impair his/her ability to walk 200 feet without stopping to rest or is certified as legally blind. The specific disability(ies) is/are checked below:

- | | |
|---|--|
| <p><input type="checkbox"/> a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit or the wheelchair symbol license plate.</p> <p><input type="checkbox"/> b. The need to permanently use a wheelchair.</p> <p><input type="checkbox"/> c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the persons arterial oxygen is less than 60 mm/hg on room air at rest.</p> | <p><input type="checkbox"/> d. Use of portable oxygen</p> <p><input type="checkbox"/> e. Restriction by 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.</p> <p><input type="checkbox"/> f. Severe limitation in a persons ability to walk due to an arthritic, neurological, or orthopedic condition.</p> <p><input type="checkbox"/> Legally blind (This is the only disability an Optometrist can certify)</p> |
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 Print/Type Name of Certifying Authority Signature Date Signed

 Business Street Address (Area Code) Telephone Number

 City State Zip Code

Certification or License No. (Required) _____ of Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist

LICENSED IN THE STATE OF: _____

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, Florida Statutes. The penalty is up to one year in jail or a fine of \$ 1,000 or both.

PROCEDURES AND INSTRUCTIONS

WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING TYPE VEHICLES:

1. Automobiles for private use and lease.
2. Trucks weighing 5,000 pounds or less or heavy trucks with a GVW less than 8,000 pounds.
3. Automobiles, which seat under nine passengers and are for hire.
4. Motor homes or truck campers.

PROVISIONS OF LAW: Section 320.0843, Florida Statutes, provides for the issuance of a wheelchair symbol license plate to any owner or lessee of a motor vehicle who qualifies for a disabled person parking permit under section 320.0848, Florida Statutes.

APPLICATION REQUIREMENTS:

1. Form HSMV 83007 or 83039 must be completed.
2. A copy of the vehicle registration certificate.
3. Proof of insurance indicating personal injury protection and property damage liability coverage.
4. Fee is original plate fee according to weight of the vehicle.
5. Certification of disability by a physician who is licensed to practice in the United States.
6. Proof of "passed emissions inspection" is required if a resident of Broward, Dade, Duval, Hillsborough, Palm Beach or Pinellas County.

MOTORCYCLE WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING TYPE VEHICLES:

Motorcycles, mopeds, motorized bicycles or motorized disability access vehicles for private use or lease.

PROVISION OF LAW: Section 320.08035, Florida Statutes, provides for the issuance of a wheelchair symbol license plate on a motorcycle when the applicant meets the requirements defined in Section 320.0848, Florida Statutes.

APPLICATION REQUIREMENTS:

1. Form HSMV 83007 or 83039 must be completed.
2. A copy of the vehicle registration certificate.
3. Fee is original registration fee according to type of vehicle.
4. Certification by a physician stating the disability defined in section 320.0848, Florida Statutes.

THIS IS A REGISTRATION PLATE AND IS TO BE RENEWED ANNUALLY.