MV-9D (Re	ev. 05-2006)
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Disabled Person's Parking Affidavit

www.dor.ga.gov

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 <u>not</u> have to own a vehicle to obtain a DP parking permit (placard).							
*Vehicle Owner's Full Legal Name			*Driver's License # & Name of Issuing State				
*Vehicle Owner's Street Address including city, state	e & zip		*County of Residence				
Disabled Person's Full Legal Name	*Relationship to Vehicle Owner – Check only one box						
Disabled Person's Street Address including city, state & zip							
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 Ide	entification #		Vehicle Co	lor	Vehicle Tag #		
Institution Authorized Representative's Signature & I	Position – 'PARKING PER	RMITS (Placaro	is) 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.							
Temporary Parking Permit (Placard) No Fee – Not valid for more than six (6) months.							
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 \$20.0	00 plus any taxes that ma	ay be due).					
Section Four – To be completed by the practitione	r of the healing arts as d	efined in <u>Geor</u>	<u>gia Law §40-6-2</u>	21(5.1), as ameno	led.		
Is disability permanent? Yes No							
I hereby swear and affirm that the above individual	as defined by <u>Georgia La</u>	<u>aw §24-9-101</u>	and <u>§40-6-221(5</u>	j):			
□ Is hearing impaired pursuant to <u>Georgia L</u>	<u>aw §24-9-101</u> .						
□ Is so ambulatorily disabled that he/she ca	nnot walk 200 feet witho	ut stopping to	rest.				
Cannot walk without the use of or assist assistive device.	tance from a brace, a c	ane, a crutch,	, another persor	n, a prosthetic de	vice, a wheelchair, or other		
Is restricted by lung disease to such an e than one liter, or when at rest his/her arte	□ 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 a 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 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 Notary Public's Signature & Notary Seal or Stamp							
Thisday of, (Day) (Month)	(Year)	Date My Notary Commission Expires					
County and State Use Only							
Inventory#							
Issue Date Replacement Permit? Yes* □ No □ * If yes, Replacement Permit # New Application? □ Yes □ No Previous Permit? Yes* □ No □ * If yes, Replacement Permit #							
*Retention Schedule: This form will be retained at the County Tag Office for two (2) years from the date issued.							

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

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

Note: Vehicle owner information is only required when applying for a disabled person's license plate. You do <u>not</u> have to own a vehicle to obtain a disabled person's parking permit (placard).

Section One

- *Record the vehicle owner's full legal name, valid driver's license number and the name of the issuing state <u>if</u> applying for a disabled person's license plate.
- *Record the vehicle owner's street address including the city, state and zip code <u>if</u> applying for a disabled person's license plate.
- *Enter the county name where the vehicle owner resides <u>if</u> applying for a disabled person's license plate.
- *Check the box to indicate the disabled person's relationship to the vehicle owner, e.g. child, self, spouse or ward, <u>if</u> applying for a disabled person's license plate.
- Enter the disabled person's full legal name.
- Enter the disabled person's street address including the city, state and zip code.

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 license plate 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 <u>must</u> be attached.

Section Three

Check the box(s) indicating what you are applying for, e.g. temporary parking permit (placard); permanent parking permit (placard); special permanent parking permit (placard) or disabled person's license plate. You may apply for <u>both</u> a disabled person's parking permit (placard) and a disabled person's license plate with this form by checking the applicable boxes.

Note: Disabled person's license plates are issued to individuals, <u>not</u> to institutions.

Section Four

The practitioner of the healing arts **must**:

- Check the applicable box 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 full legal name, record his/her Georgia license number, sign and enter the date signed.
- Record his/her 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 <u>Georgia Law §40-2-74</u>, 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, <u>www.dor.ga.gov</u>, for signing, notarization and submission to your County Tag Agent.