



Vehicle & Motor Carrier Services Bureau
 PO Box 9278
 Des Moines, IA 50306-9278
 VSCusto@iowadot.us
 www.iowadot.gov

TO BE COMPLETED BY IDOT / COUNTY	
Order complete (Y/N)	_____
Permit #	_____
Customer #	_____
Date issued	_____
Number of months valid	_____

APPLICATION FOR PERSONS WITH DISABILITIES PARKING FOR IOWA RESIDENTS

INSTRUCTIONS:

1. All applicants complete section 1.
2. Complete other sections based on which product is being requested
3. Attach a separate medical statement from a physician, chiropractor, physician assistant or nurse practitioner indicating the disability status and whether it is permanent or temporary. A medical statement submitted without this application will not be processed.
4. Submit this application and the medical statement to the following.



<i>By mail:</i> Iowa DOT Vehicle Services PO Box 9278 Des Moines, IA 50306-9278	<i>By e-mail:</i> Complete and scan all documents and send to VSCusto@iowadot.us	<i>In person:</i> Iowa DOT Vehicle Services 6310 SE Convenience Boulevard Ankeny, IA 50021 Monday – Friday, 8:30 am – 4:30 pm
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Iowa DOT Driver License stations may issue parking permits. Visit <https://iowadot.gov/mvd/driverslicense> to find a location near you. Selected County Treasurer offices may issue parking permits and accept applications for license plates. Please visit <https://www.iowatreasurers.org/> to locate a County Treasurer's office.

Section 1: Applicant information – please complete for all products

Full name	Date of birth	County of residence	
Iowa Driver License number <i>OR</i> Iowa ID Card number <i>OR</i> Social Security Number			
Address	City	State	Zip
E-mail (if available)		Phone	

Section 2: New or replacement windshield placard

Windshield placards should only be displayed when a vehicle is parked. Do not drive with the placard displayed. The placard may only be used when the person with a disability is using the vehicle as a driver or passenger. An individual may only be assigned two placards regardless of when they are issued.

Number of placards requested <input type="checkbox"/> One (1) placard <input type="checkbox"/> Two (2) placards	Type of placard requested <input type="checkbox"/> Temporary <input type="checkbox"/> Standard (five years)
Check here if this is a replacement placard: <input type="checkbox"/> If this is a replacement placard, please provide the original placard number if available, or the number of your remaining placard if you were issued two placards:	
Reason for replacement: <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	

Section 3: Request for license plate parking sticker (permanent disability only)

The sticker must be displayed on the rear license plate.

Enter current plate number:

Section 4: Request for license plate (permanent disability only)

If this is replacing an existing plate (not a Persons With Disabilities plate), the applicant must return the current plate and registration receipt to the county treasurer's office at the time the new Persons With Disabilities plate is received.

Please choose one: Applying for new plate / new registration
 Replacing existing plate on the same vehicle. Enter plate number:

Section 5: Request for license plate for parent/guardian of child with a disability

A parent or guardian of a child with a disability may request a license plate only if the disability is considered permanent. If this is a replacement plate, the applicant must return the current plate and registration receipt to the county treasurer's office at the time the new Persons With Disabilities plate is received.

Please choose one: Applying for new plate / new registration
 Replacing existing plate on the same vehicle. Enter plate number:

Full name of parent/guardian

Name of child

List address, city, state and Zip of where child resides with adult (if different than that provided in Section 1)

Signature:

Date signed:

Section 6: Veteran self-certification

By law, Iowa DOT may accept a certification of disability from the U.S. Department of Veteran's Affairs in lieu of a health care provider's statement for veterans.

Submit the US DVA certification and please briefly describe the nature of the disability:

I, the undersigned, attest under penalty of perjury, that the permanent disability underlying my U.S. Department of Veteran's Affairs disability rating impairs my mobility to the extent defined in Iowa Code 321L.1(8).

Signature:

Date signed: