



# Disability Permit/License Plate Application

**MVD Use Only**

Expiration Date:  
Permit #s:

**\*\* See Page 2 for Instructions &  
Special License Plate Information \*\***

P.O. Box 201430 Helena MT 59620-1430 • Phone (406) 444-3933 Fax (406) 444-3816 • [mvdtitleinfo@mt.gov](mailto:mvdtitleinfo@mt.gov)

<b>A</b>	Applicant's Legal Name (first, middle, last) - please print (complete Sections A & B only)	Date of Birth	DL/ID/Tribal ID Number*	
	--OR-- Name of Organization Applying for Permit/Plate (complete Sections A & C)	FEIN or Corporate ID*		
	Mailing Address	City	State	Zip
	Residential Address	City	State	Zip
	You are eligible for one special parking permit and/or one set of license plates for each noncommercial motor vehicle you own. If you do not own a motor vehicle, you can only receive one special parking permit.			Daytime Phone Number
	• <b>Number of Permits:</b> _____			

**By submitting this form, the applicant certifies that:** I have read pages 1 and 2 of this form and agree to comply with all the requirements for the permit or license plate. I understand that by submitting this form, I am authorizing the State of Montana to update my address and customer record.

**B Medical Certification for Individual: This part must be completed by a licensed Physician, Physician's Assistant, Chiropractor, or Advanced Practice Registered Nurse.**

The Department of Justice shall issue a special parking permit to a person who has a disability that limits or impairs his/her mobility (MCA 49-4-301, Eligibility for Special Parking Permit). The applicant must meet one or more of the following criteria (MCA 37-8-202):

- cannot walk 200 feet without stopping to rest;
- is severely limited in ability to walk because of an arthritic, neurological, or orthopedic condition;
- is so severely disabled that the person cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;
- uses portable oxygen;
- is restricted by lung disease to the extent that forced expiratory respiratory volume, when measured by spirometry, is less than 1 liter per second or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- has impairment because of cardiovascular disease or a cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association;
- has a disability resulting from an acute sensitivity to automobile emissions or from another disease or physical condition that limits or impairs the person's mobility and that is documented by the licensed physician, licensed physician's assistant, the licensed chiropractor, or the licensed advanced practice registered nurse as being comparable in severity to the other conditions listed in this subsection.

A person whose condition is expected to improve within six months will be issued a temporary permit for a period not to exceed six months. If the condition exists after six months, an extended temporary permit may be issued not to exceed 24 months.

**I certify that, based on the criteria listed above, the applicant is qualified for (check one):**

- Permanent permit (3-year period)**  
 **Temporary permit (6-month period)**  
 **Extended temporary permit (period of \_\_\_\_\_ months, maximum 24 months)**

Printed Name: <i>Physician/PA/Chiropractor/Advanced Practice RN</i>	Type of Physician	Professional License Number
Address: <i>Physician/PA/Chiropractor/Advanced Practice RN</i>	City	State and Zip Code
<b>X</b> Signature: <i>Physician/PA/Chiropractor/Advanced Practice RN</i>	Date	Daytime Phone Number

**C** The Department of Justice may issue special parking permits to an agency or business that provides transportation as a service for people with disabilities. The permits must be used only to load and unload people with disabilities.

Type of Organization (**check one**):     Skilled Nursing Facility     Nursing Home     Intermediate Care Facility  
 Other, explain: \_\_\_\_\_ We are applying for \_\_\_\_\_ permit(s).

I certify that I represent an agency, business, or long-term care facility that provides transportation as a service for people with disabilities (MCA 49-4-301) and that I have full authority to sign for this agency, business, or facility (MCA 49-4-302).

Signature	Position Title	
Printed Name	Date	Daytime Phone Number

# MV5 Form Instructions

If completing the form by hand, please print clearly.

**Individuals** must complete **Sections A and B** when requesting a special parking permit and/or plates. Individuals who live in a care facility still only complete Sections A and B because the permit/plates are for the individual, not the organization.

**Organizations** must complete **Sections A and C**.

- There is no fee for a parking permit.
- A licensed physician, physician's assistant, chiropractor, or advanced practice registered nurse must complete the "Medical Certification for Individual" (Section B) on page 1.
- Incomplete applications delay processing; please double-check before mailing.

**Mail your completed application to:** Motor Vehicle Division  
P.O. Box 201430  
Helena MT 59620-1430

## Motor Vehicle Division Special Parking Permit - Conditions and Restrictions

- This permit is nontransferable. It is unlawful for the permit holder to loan this permit to any person for any reason regardless of whether that person is disabled.
- The permit shall be prominently displayed in the windshield of the vehicle when the parking privilege is being used.
- Any fraudulent or other misuse of the permit may result in withdrawal of the permit from the holder.
- The permit shall be surrendered to the issuing authority upon the death of the permit holder or when the holder is no longer disabled.
- Permits are valid until the last day of the month and year indicated on the permit. To renew the permit, submit a new application prior to the expiration date.
- Permanent permits issued prior to October 1993 do not require renewal.

## Special License Plates Montana Code Annotated 61-3-332

- A Montana resident who is eligible to receive a special parking permit under MCA 49-4-301 may be issued a special license plate with a design or decal bearing a representation of a wheelchair as the symbol of a person with a disability upon written application on a form prescribed by the department. If the vehicle to which the license plate is attached is permanently registered, the owner of the vehicle shall maintain evidence of continued eligibility to use the license plate, which must be attached to the registration document in the vehicle.
- Special license plates are obtained from your county treasurer's office (fees will apply). A permanent parking permit may be used as proof that you are approved with the state office to receive special license plates. You must be the registered owner of the vehicle before applying for disabled plates.