



ONE-WEEK DISABILITY PARKING PLACARD APPLICATION

You may mail this form to DC Department of Motor Vehicles, PO Box 90120 Washington, DC 20090, or fax to 202-729-7158 or 202-673-9908.

APPLICANT INFORMATION				
Last Name		First Name	Middle Name	Suffix
Address		Apt/Unit Number	City/State	Zip Code
Date of Birth	Social Security Number	Telephone Number	E-mail Address	
Driver License Number		Expiration Date	State Issued	State Tag Number
Identification Card Number	Identification Type	Expiration Date	State Issued	
Placard Effective Date		Placard Expiration Date		

I am applying for a one-week disability parking placard for one of the following reasons:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle with Disability Tags is being repaired	One Week Temporary Disability	To obtain a Physician's Disability Certification	Disabled Visitor

The applicant swears or affirms the following:

I will use the disability placard granted by the DC Department of Motor Vehicles as provided in Chapter 27 of Title 18, District of Columbia Municipal Regulations. I understand the One-Week Disability Parking Placard is not transferable to any other person and is intended for my use only. I may have a designated driver display the Disability Parking Placard only when I am a passenger in the vehicle in which the placard is displayed.

The making of a false statement on this form is a violation of DC law and subject to a fine of up to \$1,000 or 180 days imprisonment or both. (D.C. Official Code § 22-2405)

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.

Applicant's Signature:	Date

DMV OFFICIAL USE			
Date Issued or Mailed	Placard Identification Number	Validation Period	
		Beginning Date	Expiration Date
DMV Examiner's Name and Signature			Date

Please visit our website: www.dmv.dc.gov or call 311 or 202-737-4404 for additional information.

To report waste, fraud and abuse by any DC Government Agency or official, call the Office of the DC Inspector General at 1-800-521-1639.