

NEBRASKA APPLICATION FOR HANDICAPPED PARKING PERMIT

DEPARTMENT OF MOTOR VEHICLES

INSTRUCTIONS ON THE REVERSE SIDE

Please mark one:

- New
- Renewal – Previous Permit # _____
- Second Permit – Current Permit# _____
- Replacement (lost/damaged) - Permit # _____

Please mark one:

- Permanent
- Temporary – Limited mobility expected to be temporary
- Vehicle – License Plate # _____

(Please PRINT)

Name: _____ Date of Birth _____
Last First Middle Initial Month/Day/Year

Address: _____
Street, Route, PO Box City State Zip

Male Female Phone Number: (____) _____

I am aware of my rights, duties and responsibilities regarding the use and possession of a handicapped parking permit and the penalties provided by law for handicapped parking infractions.

Signature _____ Date _____

MEDICAL CERTIFICATE

THIS CERTIFICATION MUST BE COMPLETED BY A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER

The applicant named above has the following medical condition:

- Visual impairment which limits personal mobility resulting in an inability to travel more than two hundred (200) feet without stopping or without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Physical impairment which limits personal mobility resulting in an inability to travel more than two hundred (200) feet without stopping or without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Respiratory problems which limit personal mobility.
- A cardiac condition to extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association.
- Permanent loss of all, or substantially all, the use of one or more limbs.

Applications for a **TEMPORARY PERMIT**: 3 Months 6 Months

(Please PRINT) (This section must be completed in full before the application can be processed)

I certify that the applicant above meets the medical criteria established for the issuance of a handicapped parking permit.

Certifier's Name/Company _____ Phone (____) _____

Address _____
Street, PO Box, Suite Number City State Zip

Signature _____ Title _____ Date _____

FOR ISSUING SITE USE ONLY

Specify Issuing Site _____ Phone (____) _____

Address _____ Date _____

Proof of Identity Submitted _____ Verifier's Signature _____