



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Driver and Vehicle Services

Visit us: drive.mn.gov

APPLICATION FOR DISABILITY PLATES

By Mail: 445 Minnesota St. Suite 187, St. Paul, MN 55101

SECTION A

<p align="center">DISABILITY PLATES</p> <p>PERSONALIZED? (If yes, complete Sec. H)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Standard Disability Plates (Passenger)</p> <p><input type="checkbox"/> Special Disability Plates Additional fees may apply</p> <p><input type="checkbox"/> Moped</p> <p><input type="checkbox"/> Motorcycle (vertical not available)</p>	<p align="center">OTHER DISABILITY PLATES</p> <p><input type="checkbox"/> College University (\$25 annual cont.) School Name _____</p> <p><input type="checkbox"/> Law Enforcement Memorial Association (\$25 initial cont., \$5 annual)</p> <p><input type="checkbox"/> MN Golf (\$30 annual cont.)</p> <p><input type="checkbox"/> Remember Victims of Impaired Drivers</p> <p><input type="checkbox"/> Retired Firefighter - letter required</p> <p><input type="checkbox"/> Retired Law Enforcement - letter required</p> <p><input type="checkbox"/> State Parks and Trails (\$60 annual cont.)</p> <p><input type="checkbox"/> Start Seeing Motorcycles (\$15 annual cont.)</p> <p><input type="checkbox"/> Support Our Troops (\$30 annual cont.)</p>	<p align="center">VETERAN / MILITARY DISABILITY PLATES</p> <p align="center">(DD - 214 required)</p> <p><input type="checkbox"/> Afghanistan Vet</p> <p><input type="checkbox"/> Armed Forces Expeditionary Vet</p> <p><input type="checkbox"/> Bronze Star Medal Vet</p> <p><input type="checkbox"/> Combat Wounded</p> <p><input type="checkbox"/> Ex-POW</p> <p><input type="checkbox"/> Gulf War Vet (Service medal only)</p> <p><input type="checkbox"/> Global War On Terrorism Vet (select one)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Expeditionary Medal <input type="checkbox"/> Service Medal</p> <p><input type="checkbox"/> Iraq Vet</p> <p><input type="checkbox"/> Korean Defense Service Vet</p> <p><input type="checkbox"/> Korean Vet (Service medal only)</p> <p><input type="checkbox"/> Laos (Allied Vet)</p> <p><input type="checkbox"/> Pearl Harbor Survivor</p> <p><input type="checkbox"/> "Proud To Be A Veteran" (\$30 one time cont.)</p> <p><input type="checkbox"/> Silver Star Medal Vet</p> <p><input type="checkbox"/> Vietnam Vet (Service medal only)</p> <p><input type="checkbox"/> Woman Vet</p> <p><input type="checkbox"/> World War II Vet (Service medal only)</p> <p><input type="checkbox"/> National Guard <input type="checkbox"/> Ready Reserve</p>
<p>CRITICAL HABITAT DISABILITY PLATES (\$30 annual contribution)</p> <p><input type="checkbox"/> Anglers <input type="checkbox"/> Buck</p> <p><input type="checkbox"/> Chickadee <input type="checkbox"/> Ladyslipper</p> <p><input type="checkbox"/> Loon <input type="checkbox"/> Moose</p> <p><input type="checkbox"/> Deer <input type="checkbox"/> Pheasant</p> <p><input type="checkbox"/> Turkey <input type="checkbox"/> Pollinator</p>	<p align="center">VET SERVICE ORGANIZATIONS</p> <p align="center">Must provide membership card</p> <p><input type="checkbox"/> American Legion</p> <p><input type="checkbox"/> DAV</p> <p><input type="checkbox"/> VFW</p>	

SECTION B

DISABILITY LICENSE PLATES

Please list the disability parking certificate number issued to the disabled applicant for a PERMANENT physical disability
*If applicant does not have a Disability Parking Certificate for a PERMANENT disability, section N must be completed.
Long-Term, Short-Term, & Temporary certificate holders do not qualify for disability plates

_____ # _____

If disabled person has two permanent certificates, check the box next to the one that has been surrendered

SECTION C

Check one: NEW DUPLICATE TRANSFER

SECTION D

INSURANCE: Minn. Stat. § 169.798(4) Every owner, when applying for vehicle registration, re-registration, or transfer of ownership, must provide information showing that the vehicle is covered by an insurance policy. Required information consists of:

Company Name _____ Policy Number _____ Policy Expiration Date (mm/dd/yyyy) _____

SECTION E

Describe below the vehicle on which special plates will be used.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	CURRENT PLATE #	CURRENT STICKER									
					<table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> </table>					MONTH		YEAR	
MONTH		YEAR											

SECTION F

When transferring special plates, describe below the vehicle on which the plates had been used.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	SPECIAL PLATE #	CURRENT STICKER									
					<table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> </table>					MONTH		YEAR	
MONTH		YEAR											

SECTION G

List the contact information for the applicant. If not registered owner or primary driver, complete Section K.

NAME OF APPLICANT	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH
ADDITIONAL OWNER	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH
STREET ADDRESS	CITY	STATE ZIP CODE

SECTION H NOTICE: Personalized plates are limited to 5 characters for disability passenger plates. Personalized disability motorcycle plates and weighted vehicles are limited to 4 characters. (see instructions).

1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 3 personalized plates in order of preference:

Explanation of choices:

NOTE: This MUST be completed or plates will not be issued.

REGISTRATION TAX
WHEELAGE TAX FEE
PLATE FEE
REPLACEMENT FEE
PERSONALIZATION FEE
PLATE TRANSFER FEE
TECH FEE
CONTRIBUTION
STATE FILING FEE
TOTAL DUE

SECTION I RETIRED FIREFIGHTER VERIFICATION

A letter of authorization signed by the Fire Department Chief must be attached to the application for Retired Firefighter plate issuance. "I certify that I was a member of the fire department identified below in good standing for at least 10 years and now retired"

Department/Organization	Signature	Date

SECTION J CERTIFICATION OF EX-P.O.W. STATUS

I certify that the applicant was a member of the military forces of the United States who was captured, separated and incarcerated by an enemy of the United States during a period of armed conflict.

Signature

SECTION K Disabled Minor/ Ward

If the vehicle owner is the custodial parent or guardian of a permanently disabled minor or legal ward, list name and date of birth of disabled person here:

SECTION L TENNESSEN NOTICE

What is the purpose of supplying the requested information?

The Department of Public Safety ("DPS") collects the information on this form for identification and record keeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes, section § 13.04(2).

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse, however, DPS may consider your application incomplete and not issue disability plates.

Who will have access to the requested information?

DPS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide to apply for disability plates is classified by 18 U.S.C § 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes, section 13.69(1) and is subject to the disclosure in accordance with these laws.

SECTION M

SIGNATURES

I certify the disability plates assigned to the previously described vehicle will be used only on that vehicle as long as it is in my possession. I will notify the department when these plates are removed or transferred to another vehicle.

Applicant Signature _____ Applicant is primary driver, if not, primary driver must also sign.

Primary Driver _____

SECTION N

MEDICAL STATEMENT – To be completed by health professional

Check which definition(s) the applicant meets to qualify for the disability license plates: **(Note: Condition must be permanent)**

- 1. Applicant has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.
- 2. Applicant uses portable oxygen.
- 3. Applicant has an arterial oxygen tension (PAO₂) of less than 60 mm/Hg on room air at rest.
- 4. The applicant is restricted by a respiratory disease to the extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter.
- 5. The applicant has lost an arm or leg and does not have or cannot use an artificial limb.

(IF CONDITIONS 6-9 ARE CHECKED, THE SPECIFIC DIAGNOSIS CAUSING THE DISABILITY MUST BE PROVIDED)

- 6. Because of the disability, applicant must use a wheelchair or cannot walk without the aid of; a walker, cane, crutches, braces, a prosthetic device or another person. Please specify _____
- 7. Because applicant has a condition that would be aggravated to such an extent that walking 200 feet would be life threatening. This condition is _____
- 8. The applicant cannot walk 200 feet without stopping to rest. This condition is _____
- 9. The applicant cannot walk without a significant risk of falling. This condition is _____

PLEASE NOTE:

Complete and accurate information regarding the disability must be provided. Conditions 6-9 must specifically identify the diagnosis causing disability.

Failure to answer this question will result in a request for a medical report.

Is the applicant qualified in all medical respects to exercise reasonable and ordinary control over a motor vehicle?

- Yes, no adaptive equipment needed.
- Yes, with adaptive equipment; equipment required: _____
- No, please specify: _____

I certify, by my signature as a licensed Physician, Physician's Assistant, Advanced Practice Registered Nurse, Chiropractor, or Physical Therapist that in my professional opinion _____ (Patient's Name) meets the definition of physically disabled person and is entitled to a disability parking certificate. I would be guilty of a misdemeanor and subject to a fine of \$500 for fraudulently certifying the applicant.

Signature & Title	Date	Print Name
Telephone Number	Street Address, City, State and Zip Code	

One set of disability license plates is allowed per owner or primary operator; An additional set of disability plates may be allowed by filling out the questionnaire from the State Council on Disability and attaching it to the application for review. No additional information is needed if the additional plate request is for a motorcycle. Disability plates may be issued to a custodial parent or guardian of a permanently physically disabled minor (until age 18) or legal ward as defined in Minnesota Statutes, section 524.5-102, subdivision 17.

INSTRUCTIONS FOR APPLICATION

Sections A, D, E, and G *must* be completed.

If applicant does not have a Disability Parking Certificate for a permanent disability; section K must be completed

Section L must be completed by custodial parent of a minor or legal guardian of a disabled adult.

TRANSFER OF DISABILITY PLATES: If the vehicle on which the disability plates are now being used is sold, complete this application if you wish to transfer the disability plates to another vehicle. It is your responsibility to obtain regular plates for the vehicle on which the disability plates were used. If the expiration month and year on your disability plates do not agree with the regular plates submitted, the disability plates must be adjusted.

One set of disability license plates is allowed per owner or primary operator; An additional set of disability plates may be allowed by filling out the questionnaire from the State Council on Disability and attaching it to the application for review. No additional information is needed if the additional plate request is for a Motorcycle. Disability plates may be issued to a custodial parent or guardian of a permanently physically disabled minor (until age 18) or legal ward as defined in section 524.5-102(17).

Firefighter / Retired Firefighter (Section I) plates, an authorization letter from the fire chief is required.

Ex-POW plates, Section J must be signed by the Minnesota Commissioner of Veteran Affairs.

CONTRIBUTION PLATES

Contribution fees are in addition to any plate fee and are not refundable.

"PROUD TO BE A VETERAN": A one-time minimum contribution of \$30 to benefit the WWII memorial fund is due with initial application. "Proud to be a Veteran" plate contribution is due only at the time of initial application.

"SUPPORT OUR TROOPS": The minimum annual contribution is \$30. You may make an additional contribution by indicating the total amount in the space provided on application.

CRITICAL HABITAT PLATES: The minimum annual contribution is \$30. You may make an additional contribution by indicating the total amount in the space provided on application. Indicate your design choice in the space provided on page one.

COLLEGIATE PLATES: The minimum annual contribution for collegiate license plates is \$25 per year. You may make an additional contribution by indicating the total amount in the space provided on application. Indicate your design choice in the space provided on page one. *Please check with your institution of choice regarding participation in the special plate program or dvs.dps.mn.gov.*

Plate Contributions are collected at the time of initial application, and each time registration is renewed.

ELIGIBILITY REQUIREMENTS FOR VETERAN PLATES

In order to prove eligibility, veteran applicants are required to present a copy of their separation papers (DD - 214 or equivalent) at the time of application. "Ex-POW" may have plates for one vehicle and must have certification from the commissioner of veterans' affairs.

DATES OF SERVICE AND ELIGIBILITY

WORLD WAR II: Served between DECEMBER 7, 1941 & DECEMBER 31, 1946

KOREA: Served between JUNE 27, 1950 & JANUARY 31, 1955

VIETNAM: Served between JULY 1, 1961 & JUNE 30, 1978

GULF WAR: Awarded the Southwest Asia Medal or served from August 2, 1990 to November 30, 1995 during Operation Desert Storm, Desert Shield or any other military operation in the Persian Gulf area combat zone.

IRAQ: Honorably discharged recipient of the Iraq Campaign Medal

AFGHANISTAN: Recipient of the Afghanistan Campaign Medal

GLOBAL WAR ON TERRORISM VETERAN (GWOT): Recipient of the Global War on Terrorism Expeditionary Medal or the Global War on Terrorism Service Medal. Please note which design is requested

LAOS (Allied Vet): Non-US Military who Served in the Laos War after July 1, 1961, and before July 1, 1978. Certification required

SILVER STAR / BRONZE STAR

Applicant must provide dd214 or other documentation to show they have been awarded the Corresponding Service Medal

COMBAT WOUNDED: Awarded the Purple Heart (May still be in active service)

"PEARL HARBOR SURVIVOR": Stationed on the island of Oahu or offshore on December 7, 1941 "Pearl Harbor Survivor" must have proof of eligibility for membership in a Pearl Harbor survivor's organization.

EX-POW: Must be certified by commissioner of veteran affairs.

MEDAL OF HONOR: Awarded the Medal of Honor

WOMAN Veteran: Honorably discharged veteran from any branch of the armed services (available starting 01/01/2015)

"PROUD TO BE A VETERAN": Honorably discharged from any branch of the armed services.

Ready Reserve: Member or retired member of the United States Armed Forces Ready Reserve

National Guard: Regularly enlisted, commissioned, or retired member of the Minnesota National Guard

VFW / American Legion / DAV: Applicant provides membership card

KOREAN DEFENSE SERVICE/ ARMED FORCES EXPEDITIONARY:

Applicant must provide DD - 214 or other documentation to show they have been awarded the Corresponding Service Medal

DISPOSAL OF PLATES: It is the responsibility of the applicant to properly dispose of any valid license plates assigned to the vehicle on which the special license plates will be displayed when the plates have been received. For your convenience, these plates may be returned to a deputy registrar for recycling.

NOTICE: All data collected on a motor vehicle application is required by law. All disability information is considered private by law.

FEES: When returning this application by mail, the required fees, including filing fee must be included.

If you have further questions, contact the Driver & Vehicle Services Division at (651) 297-3166.

NEW PERSONALIZED PLATES

Personalized plates are special plates issued to the owner of a motor vehicle for use only on that vehicle. Plates must have at least one letter but not more than seven characters total (a character is an upper-case letter, space, hyphen, or number.); a personalized plate may not display all numbers. Disability passenger plate is limited to 5 characters, disability motorcycle is limited to 4 characters. A vertical Motorcycle plate is not available with the disability plates. One space or hyphen may be placed between adjoining characters (will be counted as a character, a space cannot be the first character). A personalized plate that offends public morals or decency may not be issued. Personalized plates cannot duplicate other existing plates or any plates in a numbering system used or reserved by the Driver and Vehicle Services Division.

The characters 1 (one) and I (the letter "I") and Ø (naval zero), 0 (zero) and O (oh) are deemed to be the same and may not be duplicated to create new combinations (e.g. "TIM and "T1M" are the same).

TRANSFER OF PERSONALIZED PLATES

When you transfer (sell) a motor vehicle, you may leave the plates on the transferred (sold) vehicle. You will lose the rights to those plates and the buyer of that motor vehicle will assume the rights. Please submit a statement that the plates are to remain with the vehicle.

You may transfer the personalized plates to another motor vehicle registered in your name. You must complete another personalized plate application showing the description of the vehicle on which the personalized plates will be displayed. It is your responsibility to obtain regular plates for the motor vehicle on which the personalized plates were used.

If you are transferring the plates to a different class vehicle, (e.g., transfer from passenger class to gross weight class) new plates are required and must fit the number of characters allowed for that new plate type.

RETENTION OF YOUR PERSONALIZED PLATES (Minn. R. 7403.0950)

If you wish to retain the privilege of your combination you must keep current registration on the vehicle that the plates are displayed on as stated in Minn. Stat. § 168.12(2a). If you fail to maintain registration, you may lose your rights to that combination.

If you do not have another vehicle to place your personalized plates on, you may submit a letter requesting an extension (not to exceed one year) of your rights to that combination or you may lose your rights to that combination. All correspondence must be submitted to the Division at the address listed on the front of this form.
