

# KANSAS

Department of Revenue  
Division of Vehicle Services  
<https://www.ksrevenue.org/pdf/tr159.pdf>



## CERTIFICATION OF DISABILITY FOR DISABLED PARKING PLACARD/PLATE/DECAL



Application for disabled placards, plates, decals and ID card must be made at  
**YOUR Local County Treasurer s Motor Vehicle Office**

Name of Disabled Individual, Business or Agency: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ KS ZIP \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Individual's ONLY Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE CHECK APPROPRIATE APPLICATION(S):

1. DISABLED IDENTIFICATION PLACARD APPLICATION

Check only if applying for (lost, stolen) replacement placard. \* *No Licensed Professional's Statement needed for replacement placard.*

\*If Replacement Placard, Current Disabled ID Card Number: \_\_\_\_\_

2. DISABLED LICENSE PLATE APPLICATION (50¢ reflective plate fee)

Only applicants certified as PERMANENT disabled may apply for a disabled license plate.

3. WHEELCHAIR EMBLEM DECAL FOR LICENSE PLATE Number \_\_\_\_\_ Plate Type \_\_\_\_\_

### BUSINESS OR AGENCY REPRESENTATIVE MUST CERTIFY AND SIGN THE FOLLOWING:

I, the undersigned, certify that the above named agency or business is responsible for the transportation of person(s) to be considered disabled as per K.S.A. 8-1,124, as out lined below, thus qualifying for accessible parking privileges.

Authorized Representative or Owner Signature \_\_\_\_\_ (Rubber Stamp NOT Acceptable) Title \_\_\_\_\_ Date \_\_\_\_\_

## HEALING ARTS LICENSED PROFESSIONAL'S STATEMENT

### Attending licensed professional must certify and sign the following:

I, the undersigned licensed professional, certify that (*Disabled Individual's Name*) \_\_\_\_\_ is considered to be disabled, as per Kansas Statute 8-1,124, due to at least one (1) or more of the following: (Must check at least one.)

- 1. Has a severe visual impairment;
- 2. Cannot walk one hundred (100) feet without stopping to rest (Violation KSA 8-1,130);
- 3. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- 4. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- 5. Uses portable oxygen;
- 6. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
- 7. Severely limited in their ability to walk at least 100 feet due to an arthritic, neurological, or orthopedic condition.

I certify that I am aware of the penalties provided by KSA 8-1,130(a)(b) listed on the back of this application.

Licensed Professional's Signature\* (*Rubber stamp not acceptable*) \_\_\_\_\_ Medical Title \_\_\_\_\_ Date \_\_\_\_\_

\* The following are the **only** professionals that can sign this form: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), Dr. of Podiatric (DPM), Licensed Optometrist (OD), licensed physician assistant (PA), advanced registered nurse practitioner (ARNP) registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal. (KSA Chapter 65, Article 28 and 8-1,125)

### MUST check one (1) of the below and provide requested information:

PERMANENT  TEMPORARY\*\* From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_

\*\* Six (6) Months is the MAXIMUM Duration for a Temporary Placard.

Printed / Typed Name of Licensed Professional \_\_\_\_\_ Phone No. \_\_\_\_\_

May be signed by a Healing Arts Professional licensed in any state.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## INSTRUCTIONS

- Disabled individual **shall** be a Kansas resident.
- Application **shall** be signed by the disabled individual, representative or owner of the vehicle which transports them.
- The personal disabled identification card **shall** be carried by the person to whom it is assigned when using disabled parking privileges.
- Disabled license plate will require a 50¢ reflective plate fee. Application for a disabled license plate must be made at **your local county treasurer's motor vehicle office**.
- A permanently disabled individual may select one of the following disabled parking choices:
  - One (1) disabled license plate and/or one (1) placard, or
  - Two (2) placards, but **NO** disabled license plate, or
  - One (1) placard and 1 wheelchair emblem decal assigned to a specific distinctive plate
- A temporarily disabled individual may be issued 1 or 2 temporary disabled placards.
- The permanent or temporary disabled placard **shall** be suspended from rear view mirror when using disabled parking privileges and may be transferred from one vehicle to another. **The placard is to be removed from the rear view mirror when the vehicle is being operated.** (K.S.A. 8-1,125)
- Upon death of the disabled individual, both the disabled license plate, wheelchair emblem decal, and/or placard(s) and the personal disabled identification card(s) **shall** be returned to the local county treasurer's office in exchanged for a regular county license plate if applicable.
- The healing arts licensed professional's name **must** be printed/typed in the space provided. The licensed professional **must** sign the application. It **SHALL NOT** be rubber stamped or just initialed. A healing arts licensed professional is a: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), or Dr. of Podiatric (DPM). A healing arts licensed professional from any state can sign this form. A licensed optometrist (OD), licensed physician assistant, advanced registered nurse practitioner registered under K.S.A. 65-1131 or Christian Science practitioner listed in The Christian Science Journal can also certify the form. *A RN or LPN is not authorized to-certify/sign this form.*
- The disabled identification card **shall** be available upon demand if the disabled individual is using any disabled parking privilege. If the disabled individual is not in the vehicle or the disabled individual does not have his or her ID card available upon demand, **the vehicle is NOT entitled to use the disabled parking privilege.**
- The disabled customer's Disabled Identification Card for the TEMPORARY placard shall be carried by the person it is issued to when using accessible parking. (K.S.A. 8-1,125)

In addition to being eligible to park at marked accessible parking places, disabled persons having a valid disabled plate, wheelchair emblem decal, or placard displayed on or in the vehicle may also park at parking meters for a period of time not to exceed 24 hours and will be exempt from any parking fees of the state or any city, county or other political subdivision. (K.S.A. 8-1,126)

## PENALTY

Any person who willfully and falsely represents him/herself as having the qualifications to obtain a special license plate, wheelchair emblem decal, a permanent placard and an individual identification card or temporary placard pursuant to this act shall be guilty of a class C misdemeanor. Any person who falsely utilizes any parking privilege, shall be guilty of an unclassified misdemeanor punishable by fines not exceeding \$500. (K.S.A. 21-6611, K.S.A. 8-1,130(a)(b) Violators may also be subject to additional penalties where imposed by local ordinance.