

Mississippi Disabled Parking Application

(Section 27-19-56, MS Code of 1972)

Section 1 Certification to be Completed by Licensed Physician, Physician Assistant or Nurse Practitioner

I do hereby certify that _____
Printed Name of Disabled Person Address

City _____ State _____ Zip _____

has the following condition:

- Cannot walk 200 feet without stopping to rest; or
- Cannot walk without the use of an assistive device; or
- Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest; or
- Use portable oxygen; or
- 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; or
- Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Printed Name of Physician, Physician Assistant or Nurse Practitioner _____

Disability Should Not Extend Beyond

Signature of Physician, Physician Assistant or Nurse Practitioner _____

_____/_____
Month Year

Date _____ Phone Number _____

Section 2 Application to Be Completed by Tax Collector

Application is hereby made for:

Expiration Date

- Permanent Parking Placard
- Disabled License Tag

_____/_____
Month Year

Tag Number _____ Title Number _____ Registrant's Name _____

- Temporary Parking Placard (valid for not over six months)

Applicant is Child Parent or Spouse living with vehicle owner.

Signature of Tax Collector or Deputy _____ Date _____

Section 3 To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a disabled parking permit and/or disabled license plate on the condition that I will comply in all respects with the applicable Mississippi Laws and the rules and regulations hereunder.

Signature of Applicant _____ Date _____