

WYOMING DEPARTMENT OF TRANSPORTATION

Driver Services Program

5300 Bishop Boulevard /Phone: 777-4855 /Fax: 777-3823

Cheyenne, Wyoming 82009-3340

**Please present this form, along with
Legal Identification, to any Driver
Exam Office.**

APPLICATION FOR HANDICAPPED VEHICLE IDENTIFICATION PLACARD (Please read NOTICE on back of form)

Name _____ Date of Birth _____ Phone # _____

Address _____
City _____ State _____ Zip Code _____

Driver License# _____ State _____ Class _____ Restrictions _____

Eligible Person Person Responsible for Transporting Eligible Person(s) Agency _____

An applicant applying for a permanent handicap placard may choose to be issued (1) placard, (2) placards (upon request) or (1) placard and (1) special license plate. Special license plates will be issued by the County Treasurer after obtaining (1) removable windshield placard.
 One Placard Two Placards One Placard & One Set of Plates

An applicant applying for a temporary handicap placard may only be issued (1) placard.

YES NO Do you consent to the release of your personal information by the Wyoming Department of Transportation for bulk distribution surveys, marketing or solicitations?

NOTE: Personal Information means information that identifies a person, including an individual's photograph or computerized image, signature, social security number, driver identification number, name, address, telephone number, and medical or disability information

Applicant's Signature

Date

Physician Disability Certification for Individual Applicants

Name of Physician (**Print**) _____ Telephone Number _____

Physician's address _____ City _____ State _____ ZIP Code _____

Name of Disabled Patient: _____

- Is unable to walk 200 feet without stopping to rest;
- Is restricted by lung disease to extent that forced expiratory volume for one second is less than one liter when measured by spirometry, or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive devices;

- Uses portable oxygen;
- Has a cardiac condition to the degree that the person's functional limitations are classified in severity as class III or IV;
- Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;
- Has a severe visual, or audio handicap.

Permanent Handicap (Condition is expected to last a minimum of 12 months.)

Temporary Handicap # Months Needed: _____ (Condition is expected to last not more than 6 months.)

"I certify that I am a licensed physician. I further certify that I have treated or I am familiar with the medical treatment provided to the person applying for the Handicapped Vehicle Identification Placard and that this person's condition is as stated in this section."

Physician's Signature

Physician's License Number

Date Signed

Placard(s) No. _____ Issue Date _____ By _____

**NOTICE TO INDIVIDUALS APPLYING FOR A
HANDICAPPED VEHICLE IDENTIFICATION PLACARD**

A handicap placard may be issued to any eligible person who submits this completed form by their physician stating they have a disability which limits or impairs their ability to walk. It may be issued to any person or agency who is responsible for the regular transportation of any eligible person who does not hold a valid driver's license.

This placard is NON-TRANSFERABLE. It is unlawful to loan this placard to any person for any reason, regardless of whether that person is handicapped. The placard shall be suspended from the rearview mirror inside the vehicle, so as to be in plain view of any person looking through the windshield of the vehicle from the sidewalk or roadside. For motor vehicles which do not have a rearview mirror, the placard shall be displayed on the dashboard of the parked vehicle on the side nearest the curb or roadside. The placard shall be surrendered to the issuing authority upon death of the holder or when the holder is no longer disabled.

ANY FRAUDULENT OR OTHER MISUSE OF THE PLACARD MAY RESULT IN A WITHDRAWAL OF THE PLACARD FROM THE HOLDER AS EXPLAINED BELOW:

Wyoming Statute 31-2-213 (k): Any person who is guilty of fraudulent or other misuse of the permit issued under this section is subject to a fine of not more than one hundred dollars (\$100.00) for the first offense. Upon receiving notice of a conviction under this subsection from the court, the department shall suspend the handicapped parking permit for a period not to exceed sixty (60) days. For a subsequent conviction under this subsection, an individual is subject to a fine of not more than two hundred fifty dollars (\$250.00) and the department shall suspend the handicapped parking permit for a period not to exceed six (6) months.