APPLICATION FOR MOBILITY IMPAIRED PARKING PERMIT

*(Please **PRINT**)*

Name:_____ **Date of Birth:**_____
(Last, First, Middle Initial) (Month, Day, Year)

Address:_____
(Street, Route, PO Box) (City) (Zip)

Male ☐ **Female** ☐ **Phone Number:**_____

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

Signature_____ **Date**_____

This Person is Mobility Impaired as Described Below (Check one box)

Louisiana Revised Statute 47:463.4 states: "person with a disability" means a person so severely impaired that such person is unable to move from place to place without the aid of a mechanical device…"

Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Louisiana.

☐ Persons who cannot walk two hundred feet without stopping to rest.

☐ Persons who cannot walk without the aid of another person, a dog guide, a companion dog, a walker, a cane, crutches, braces, prostheses, or a wheelchair

☐ Is restricted by a 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.

☐ Uses portable oxygen during the day.

☐ Persons who have a cardiac condition to the extent that the person's functional limitations are classified as class III or IV according to standards set by the American Heart Association.

☐ Has a diagnosed disease or disorder, including a severe arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.

BOTH THE FRONT AND BACK OF THIS FORM MUST BE COMPLETED BY A PERSON FULLY LICENSED TO PRACTICE MEDICINE IN THE STATE OF LOUISIANA.	Medical License Number

Name of Physician/Commissioned Medical Officer *(please type or print in ink)*

Address

City	**State**	**Zip**

Any medical examiner who willfully and falsely certifies that a person is mobility-impaired in order to allow that person to obtain the special license plate, hang tag, or mobility-impaired identification card authorized in this Section shall be fined one thousand dollars, or shall be imprisoned for not more than ninety days, or both.

I certify under penalty of perjury that the above named patient has a physical impairment, which substantially restricts movement from one place to another (R.S. 47:463.4).

This impairment is: ☐ **Permanent** ☐ **Temporary**

Anticipated duration of disability or impairment Months _____ Days _____

Signature of Physician/Commissioned Medical Officer

Phone Number	**Date**