



Disability Permit/License Plate Application

**** See Page 2 for Instructions & Special License Plate Information ****

MVD Use Only
Expiration Date:
Permit #:

MTDriverHistory@mt.gov P.O. Box 201430 Helena MT 59620-1430 Phone (406) 444-3933 Fax (406) 444-3816

CHECK ONE: Applying as an **individual** fill out Section A only.
 Applying as an **organization** fill out Section B only.

A Applicant's Legal Name (first, middle, last) - please print		Driver License/ID Card/Tribal ID Number (If applicant has one)	
Applicant's Residential Address		City	State Zip
Applicant's Mailing Address		City	State Zip
Do you need the special parking permit mailed to a temporary address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, temporary address:		City	State Zip
Daytime Phone Number		Date of Birth	
You are eligible for one special parking permit and one set of license plates for each noncommercial motor vehicle you own. If you do not own a motor vehicle, you can only receive one special parking permit. Number of Permits: _____		The applicant certifies that: I understand that by submitting this form I have read pages 1 and 2 of this form and agree to comply with all the requirements for the permit or license plate and I am authorizing the State of Montana to update my address and customer record.	

Medical Certification for an Individual: This part must be completed by a licensed Physician, Physician's Assistant, Chiropractor, or Advanced Practice Registered Nurse.

I certify that, based on the criteria listed on page 2, the applicant is qualified for (check one):
 3 year special parking permit for a permanent disability and disability vehicle plates
 6 month special parking permit for a temporary disability
 _____ month extended special parking permit for a temporary disability (maximum 24 months)

Printed Name: Physician/PA/Chiropractor/Advanced Practice RN	Type of Physician	Professional License Number
Address: Physician/PA/Chiropractor/Advanced Practice RN	City	State and Zip Code
Signature: Physician/PA/Chiropractor/Advanced Practice RN	Date	Daytime Phone Number

B The Motor Vehicle Division may issue special parking permits to an agency or business that provides transportation for people with disabilities. The permits must be used only to load and unload people with disabilities.

Name of Organization	FEIN or Corporate ID
Mailing Address	City State Zip

Type of Organization (check one): Skilled Nursing Facility Nursing Home Intermediate Care Facility
 Other, explain: _____ We are applying for _____ permit(s).

I certify that I represent an agency, business, or long-term care facility providing transportation for people with disabilities (MCA 49-4-301) and I have full authority to sign for this agency, business, or facility (MCA 49-4-302).

Signature	Position Title
Printed Name	Date Daytime Phone

