

**KANSAS DEPARTMENT OF REVENUE
APPLICATION FOR DISABLED VETERANS LICENSE PLATE**

Vehicle Information:

Present License Plate Number: _____ Expiration Date (month/year): _____

Veteran Information: Veterans Claim Number: _____

Veteran Printed Name: _____

Veteran Signature: _____

Street Address _____ City _____ State KS Zip _____

Auto Truck Motorcycle

Year: _____ Make: _____ Style: _____ VIN: _____

Vehicle Owner Name(s): _____

I certify I am a current registered owner of the above vehicle.

Signature of Vehicle Owner: _____ Date _____

Veterans Administration Certification:

I, the undersigned, certify that the above named veteran making application for veteran's registration is
(Check all that apply)

- A. Entitled to compensation for a 50% disability under laws administered by the Veterans Administration of the Federal Government per K.S.A. 8-160.
- B. Having been granted a statutory award by the Veterans Administration of the Federal Government is entitled to compensation for the loss or permanent loss of use of one or both feet, one or both hands or permanent vision impairment of both eyes per K.S.A. 8-160.
- C. The applicant meets the definition for "person with disability" per K.S.A. 8-1,124 (Note: Only this checkbox authorizes issuance of a license plate with the international wheelchair symbol):
 - 1. Has a severe visual impairment.
 - 2. Cannot walk 100 feet without stopping to rest.
 - 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.

Licensed Medical Professional Signature required if "C" is selected above * (Rubber Stamp Not Accepted)

I certify that I am an authorized medical professional and have reviewed the certification information in the instructions for this form.

Signature of Medical Professional: _____

Street Address _____ City _____

State _____ Zip Code _____ Date Signed: _____

A or B checked - Regional Director, Veterans Administration, Signature: _____

Instructions

1. Application must be signed by the vehicle owner applying for disabled veteran status.
2. Application for Disabled Veteran license plate shall be made at the local County Treasurer's Office.
3. Owner will forward this application to the Regional Director of the Veterans Administration for certification and appropriate license plate. This form can be faxed to 316-688-6825 to expedite the process with the VA.
4. Any person who owns a motor vehicle and is responsible for the transportation of such veteran may apply for a Disabled Veteran license plate.
5. Plates are available for Passenger vehicles, Trucks to 20M Gross Weight, and Motorcycles.
6. More than one Disabled Veteran license plate may be issued however only the one Disabled Veteran license plate will be free of registration fees. All additional Disabled Veteran license plate will have standard registration fees due.
7. 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 Podiatry (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 8-125).
8. If applying for a Handicapped Placard in addition to the Disabled Veteran license plate, a Handicap Placard and/or Plate Application (TR-159 form) must be completed for that request.

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