KANSAS



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CERTIFICATION OF DISABILITY FOR DISABLED PARKING PLACARD/PLATE/DECAL



Application for disabled placards, plates, decals and ID card must be made at YOUR Local County Treasurer s Motor Vehicle Office

Physical Address: City KS ZIP Mailing Address: City State Zip Individual's ONLY Date of Birth: Sex: Maile Sex: Maile Signature Phone: Date: Phone: Date: Phone: Date: Plems PLEASE CHECK APPROPRIATE APPLICATION(S): 1. DISABLED IDENTIFICATION PLACARD APPLICATION Check only if applying for (lost, stolen) replacement placard. * No Licensed Professional's Statement needed for replacement of "if Replacement Placard, Current Disabled ID Card Number: 2. DISABLED LICENSE PLATE APPLICATION (50° reflective plate fee) Only applicants certified as PERMANENT disabled may apply for a disabled license plate. 3. WHEELCHAIR EMBLEM DECAL FOR LICENSE PLATE Number Placerd, Plate Type BUSINESS OR AGENCY REPRESENTATIVE MUST CERTIFY AND SIGN THE FOLLOWING: I, the undersigned, certify that the above named agency or business is responsible for the transportation of person(s) to be considered disabled as per K.S.A. 8-1,124, as out lined below, thus qualifying for accessible parking privileges. Authorized Representative or Owner Signature (Rubber Stamp NOT Acceptable) Title Date HEALING ARTS LICENSED PROFESSIONAL'S STATEMENT Attending licensed professional must certify that (Oisabled Individual's Name) Is considered to be disabled, as per Kansas Statute 8-1,124, due to at least one (1) or more of the following: (Must check at le 1.14 as a severe visual impairment; C. Cannot walk one hundred (100) feet without stopping to rest (Violation KSA 8-1,130); C. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, o assistive device; C. La cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, o assistive device; C. La cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, o assistance device; C. La cannot walk one hundred (100) feet without stopping to rest (Violation KSA 8-1,130); C. Severely limited in their ability to walk at least 100 fee	Name of Disabled Individ	dual, Business or Agency:					
Mailing Address:	Physical Address:		City		KS ZIP		
Date Phone: Date Date Phone: Date Date Phone: Date	Mailing Address:		City		State	Zip	
Signature	Individual's ONLY	Date of Birth:	· · · · · · · · · · · · · · · · · · ·	Sex:			
PLEASE CHECK APPROPRIATE APPLICATION(\$): 1. DISABLED IDENTIFICATION PLACARD APPLICATION Check only if applying for (lost, stolen) replacement placard.* No Licensed Professional's Statement needed for replacement placard, Current Disabled ID Card Number: 18							
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Printed / Typed Name of Licensed Professional		** Six (6) Months is the MAXIM	IUM Duration for a Temp	oorary Placard.			
Timited / Typed Ivalie of Licensed Floressional	Printed / Typed Name of Lice	nsed Professional		11:		No	
May be signed by a Healing Arts Professional licensed in any state. Address State ZIP	Address		-				

TR-159www (Rev. 2/2018)

SEE REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS

- Disabled individual shall be a Kansas resident.
- Application **shall** be signed by the disabled individual, representative or owner of the vehicle which transports them.
- The personal disabled identification card **shall** be carried by the person to whom it is assigned when using disabled parking privileges.
- Disabled license plate will require a 50¢ reflective plate fee. Application for a disabled license plate must be made at your local county treasurer's motor vehicle office.
- A permanently disabled individual may select one of the following disabled parking choices:
 - o One (1) disabled license plate and/or one (1) placard, or
 - o Two (2) placards, but **NO** disabled license plate, or
 - o One (1) placard and 1 wheelchair emblem decal assigned to a specific distinctive plate
- A temporarily disabled individual may be issued 1 or 2 temporary disabled placards.
- The permanent or temporary disabled placard **shall** be suspended from rear view mirror when using disabled parking privileges and may be transferred from one vehicle to another. **The placard is to be removed from the rear view mirror when the vehicle is being operated.** (K.S.A. 8-1,125)
- Upon death of the disabled individual, both the disabled license plate, wheelchair emblem decal, and/or placard(s) and the personal disabled identification card(s) **shall** be returned to the local county treasurer's office in exchanged for a regular county license plate if applicable.
- The healing arts licensed professional's name **must** be printed/typed in the space provided. The licensed professional **must** sign the application. It <u>SHALL NOT</u> be rubber stamped or just initialed. A healing arts licensed professional is a: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), or Dr. of Podiatric (DPM). A healing arts licensed professional from any state can sign this form. A licensed optometrist (OD), licensed physician assistant, advanced registered nurse practitioner registered under K.S.A. 65-1131 or Christian Science practitioner listed in The Christian Science Journal can also certify the form. A RN or LPN is not authorized to-certify/sign this form.
- The disabled identification card shall be available upon demand if the disabled individual is using any
 disabled parking privilege. If the disabled individual is not in the vehicle or the disabled individual does not
 have his or her ID card available upon demand, the vehicle is NOT entitled to use the disabled parking
 privilege.
- The disabled customer's Disabled Identification Card for the TEMPORARY placard shall be carried by the person it is issued to when using accessible parking. (K.S.A. 8-1,125)

In addition to being eligible to park at marked accessible parking places, disabled persons having a valid disabled plate, wheelchair emblem decal, or placard displayed on or in the vehicle may also park at parking meters for a period of time not to exceed 24 hours and will be exempt from any parking fees of the state or any city, county or other political subdivision. (K.S.A. 8-1,126)

PENALTY

Any person who willfully and falsely represents him/herself as having the qualifications to obtain a special license plate, wheelchair emblem decal, a permanent placard and an individual identification card or temporary placard pursuant to this act shall be guilty of a class C misdemeanor. Any person who falsely utilizes any parking privilege, shall be guilty of an unclassified misdemeanor punishable by fines not exceeding \$500. (K.S.A. 21-6611, K.S.A. 8-1,130(a)(b) Violators may also be subject to additional penalties where imposed by local ordinance.