

**WYOMING DEPARTMENT OF TRANSPORTATION**

Driver Services Program

5300 Bishop Boulevard /Phone: 777-4800 or 4810/Fax: 777-4773  
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.

*\* We recommend that the handicap placard be issued in the eligible person's name so that any person can legally transport this individual.*