

## Parking Privileges Application

Persons With Disabilities must meet one of the criteria below and have it verified in writing by a Medical Professional\*.

- 1) **Mobility:** Persons who cannot walk two-hundred feet without stopping to rest.
- 2) **Assisted Mobility:** Persons who cannot walk without the use of, or assistance from, a brace, cane crutch, another person, prosthetic device, wheelchair, or other assistive device.
- 3) **Respiratory:** Persons who are 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 or at rest.
- 4) **Oxygen:** Persons who use portable oxygen.
- 5) **Cardiac:** Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.
- 6) **Other:** Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

\***Medical Professional** – licensed professionals from Colorado and bordering states:

- Physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S.,
- Commissioned Medical Officer of the U.S. Armed Forces, the U.S. Public Health Service, and/or the U.S. Veterans Administration
- Advance Practice Nurse registered pursuant to section 12-38-111.5, C.R.S.
- Physician Assistant licensed pursuant to section 12-36-107.4, C.R.S.
- Podiatrist licensed under article 32 of title 12, C.R.S.
- Additional professionals for the Short Term Placard only
  - Chiropractor licensed under article 32 of title 12, C.R.S.
  - Physical Therapist licensed under article 32 of title 12, C.R.S.

Impairments are defined as follows:

**Permanent** - A condition that is not expected to change within a person's lifetime

**Extended** - A condition that is not expected to change within thirty months after the issuance of plates or placards

**Temporary** - A condition that is expected to last less than thirty months after the issuance of plates or placards

**Short Term** - A condition that is not expected to last more than 90 days after the issuance of a placard

### Options Available:

Applicants with Permanent, Extended, and Temporary disabilities qualify for one of the following options:

- 1) One set of license plates. (fees apply)
- 2) One set of license plates (fees apply) and one permanent (blue) no fee placard.
- 3) Up to two permanent (blue) no fee placards and no license plates.

Applicants with Short Term disabilities qualify for the following option:

- 1) One temporary (red, 90-Day) no fee Placard

### Medical Professional Certification and Self-Certification

Placard Type	Disability Type	Medical Professional Verification	Self-Certification
<b>Three Year Placards (Blue) or Plates</b> Program recertification required every three years (by mail or in person) with completion of DR 2219	Permanent	Initially, then every ninth year (third renewal)	Third and sixth year renewal
	Extended	Initially, then every third year with renewal	N/A
	Temporary	Initially, then every third year with renewal	N/A
<b>Temporary Placard (Red)</b> One only Valid until the last day of the month falling ninety days after the date of issuance May be renewed only once with completion of DR 2219	Short-term	Initially, then with 90 day renewal	N/A

## Physician Certification Instructions

1. Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor.
2. Complete the entire form, sign and date.
3. If you make a mistake on this form, please complete a new form. Do not write over, white-out or cross-out information. This will void the form.
4. To sign the form, you must be a Medical Professional as defined below
  - a. **Medical Professional** – licensed professionals from Colorado and bordering states:
    - i. Physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S.,
    - ii. Commissioned Medical Officer of the U.S. Armed Forces, the U.S. Public Health Service, and/or the U.S. Veterans Administration
    - iii. Advance Practice Nurse registered pursuant to section 12-38-111.5, C.R.S.
    - iv. Physician Assistant licensed pursuant to section 12-36-107.4, C.R.S.
    - v. Podiatrist licensed under article 32 of title 12, C.R.S.
  - b. Additional professionals for the Short Term Placard only
    - i. Chiropractor licensed under article 32 of title 12, C.R.S.
    - ii. Physical Therapist licensed under article 32 of title 12, C.R.S
5. Patients must have a new Medical Professional verification done as part of their renewal process depending on the designated disability (see #6 below). Ensure the Persons With Disabilities applicant meets one of the criteria below before you verify in writing:
  - i. **Mobility:** Persons who cannot walk two-hundred feet without stopping to rest.
  - ii. **Assisted Mobility:** Persons who cannot walk without the use of, or assistance from, a brace, cane crutch, another person, prosthetic device, wheelchair, or other assistive device.
  - iii. **Respiratory:** Persons who are 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 or at rest.
  - iv. **Oxygen:** Persons who use portable oxygen.
  - v. **Cardiac:** Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.
  - vi. **Other:** Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.
6. Application must meet one of the impairments which are defined as follows:
  - i. **Permanent** - A condition that is not expected to change within a person's lifetime
  - ii. **Extended** - A condition that is not expected to change within thirty months after the issuance of plates or placards
  - iii. **Temporary** - A condition that is expected to last less than thirty months after the issuance of plates or placards
  - iv. **Short Term** - A condition that is not expected to last more than 90 days after the issuance of a placard
7. Ensure the date reflects the most current patient information. The condition time is based on the date you enter (i.e., extended thirty-months is from the date entered, not the transaction date).
8. Please do not fax or e-mail the form to the Division of Motor Vehicles. The applicant must submit the completed DR 2219 at the time of registration.
9. You may contact the Title and Registration Sections at 303-205-5608 with any questions

## Persons With Disabilities Parking Privileges Application

<b>Submit Completed Application to Your Local County Motor Vehicle Office</b>			
Name of person with disability (please type or print in ink)			Date of Birth (if PWD is a minor)
Physical Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
<p>I certify, under penalty of perjury, that I have read and understand the Persons with Disabilities plate and placard application and usage requirements and that I am responsible for the use in conformity with Colorado Revised Statutes 42-3-204 and 42-4-1208. I further understand that violation of the requirements in the statutes referenced above may result in fines, penalties, and suspension of Persons with Disabilities placards and plates.</p>			
Printed name as it appears on identification			
Signature			
Secure and Verifiable ID of (circle one) Applicant/Legal Guardian/Representative: (check appropriate box) <input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other			
ID #	Expires	DOB	
The undersigned witness affirms that the (circle one) applicant/legal guardian/representative signing this document presented the identification described above.			
Witness Printed Name			
Witness Signature			Date
<b>This Person is Mobility Impaired as Described Below (Check one box)</b>			
Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Colorado. <ul style="list-style-type: none"> <li><input type="checkbox"/> Persons who cannot walk two hundred feet without stopping to rest.</li> <li><input type="checkbox"/> Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.</li> <li><input type="checkbox"/> Persons who are 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 or at rest.</li> <li><input type="checkbox"/> Persons who use portable oxygen.</li> <li><input type="checkbox"/> Persons who have 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.</li> <li><input type="checkbox"/> Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.</li> </ul>			
<b>This Form Must be Completed by a Professional Defined in Colorado Revised Statute 42-3-204(1)(g)</b>			
Medical License Number and Issuing State		Name of Professional (please type or print in ink)	
Address	City	State	ZIP
<p>I certify, under penalty of perjury, that the above named patient has a physical impairment complying with 23 CFR 1235. I have read and understand Colorado Revised Statute 42-3-204 and 42-4-1208 as they pertain to certifying persons with disabilities and affirm my knowledge of the contents of persons with disabilities notices and documentation made available to me pursuant to 42-3-204(5)(b), C.R.S.</p> <p style="text-align: center;">This impairment is:    <input type="checkbox"/> Permanent*    <input type="checkbox"/> Extended*    <input type="checkbox"/> Temporary*    <input type="checkbox"/> Short Term (will last 90 days or less) **</p> <p style="text-align: center;">*These Placards are valid for and must be renewed every 3 years. See definitions on the first page.            ** Chiropractors and Physical Therapists may only certify a physical impairment for Short Term Placards</p> <p style="text-align: center;">Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor.</p>			
Signature of Professional			
Phone Number			Date

Name of person with disability <i>(please type or print in ink)</i>	
<h2 style="margin: 0;">Application for Persons With Disabilities Parking Privileges</h2> <p style="margin: 5px 0 0 0;">There is no fee for Persons with Disabilities placards.  <b>Registration fees and ownership taxes will be charged for disability license plates. A plate or placard holder is responsible to safeguard the plate or placard from use by others</b></p>	
Please choose one option below:	
<p><b>Permanent, Extended, and Temporary-Disability Option</b></p> <ul style="list-style-type: none"> <li>• Submit a completed application in the name of the person with a disability.</li> <li>• Secure and Verifiable Identification for the person with a disability.</li> <li>• Power of Attorney appointing an agent.</li> <li>• Enclose a photocopy of the title or registration to the vehicle (if applicable).</li> </ul>	
<p><b>Persons with Disabilities with Vehicle</b> (Check one option below)</p> <p><input type="checkbox"/> 1 Plate OR</p> <p><input type="checkbox"/> 1 Placard OR</p> <p><input type="checkbox"/> 1 Plate and 1 Placard OR</p> <p><input type="checkbox"/> 2 Placards</p>	<p><b>Persons with Disabilities without a Vehicle</b> (Check one option below)</p> <p><input type="checkbox"/> 1 Placard OR</p> <p><input type="checkbox"/> 2 Placards</p>
<p><b>Short Term (90-Day) Disability</b></p> <p><input type="checkbox"/> Temporary (90-Day) no fee Placard - For persons with a short term disability to the degree described on page one of this form.</p> <ul style="list-style-type: none"> <li>• Submit a completed application in the name of the person with a disability.</li> <li>• A 90-day temporary placard will be issued which is to be placed inside the vehicle of which the person with a disability is a passenger.</li> <li>• The placard is movable from one vehicle to another.</li> </ul>	
Signature	Date

**Note: Placards are issued with a registration receipt. The registration receipt must be available when the placard is in use.**