

**STATE OF ALASKA – DIVISION OF MOTOR VEHICLES
APPLICATION FOR ORGANIZATION DISABILITY PARKING PERMIT**

CONTRACT SERVICES ONLY

Please Type or Print Clearly

Organization Name	Program or Department	
Mailing Address	City	Zip Code
Requested # of Placards _____ List all license plate numbers placards will be used with. If this is an increase, please explain:		
* Placards will only be issued in your organizations name and used on your organizations vehicles with a current registration. Placards may not be used on employee's personal vehicles.		

Organizations to whom the DMV issues "disability" placards must understand their obligation to the entire community. Allowing anyone else to use the privileges that accompany these placards is a citable offense, which may result in immediate revocation of the privileges. More importantly, such abuses deny parking spaces to those individuals who experience a disability.

By accepting a placard with parking privileges, you accept the responsibility to use it for its intended purpose. If your Organization ceases to transport persons with disabilities, or ceases operating, please return your permits to DMV Contract Services, 3901 Old Seward Highway, Suite 101, Anchorage, Alaska 99503, Phone 907-269-5575.

APPLICATION IS SUBMITTED BY: (Please mark one of the categories below and attach requested documentation, if required. Additional documents must reflect the same name as the organization designated above.)

- NURSING HOME OR ADULT FAMILY HOME** – Copy of the current license issued through the Department of Health and Social Services Division of Mental Health and Developmental Disabilities or Department of Administration Division of Senior Services.
- HOSPITALS** (offering bed side services) - Copy of the current license issued through the Department of Health and Social Services Division of Mental Health and Developmental Disabilities or Department of Administration Division of Senior Services.
- ASSISTED LIVING HOME** – Copy of the current license issued through the Department of Health and Social Services Division of Mental Health and Developmental Disabilities.
- SENIOR CITIZEN CENTER** – Written verification from the State of Alaska or the city in which you operate stating you are a bona fide senior citizen center.
- PRIVATE NON-PROFIT AGENCY** – Copy of the certificate of non-profit status.
- CABULANCE** – A copy of the current For Hire certificate issued by the Department of Licensing.
- RESPIRE SERVICE** – Copy of the current license issued through the Department of Health and Social Services Division of Mental Health and Developmental Disabilities or Senior Services.
- SEASONAL** – Letter stating purpose of placard with attached marketing brochure stating disabled accessibility.
- FOR HIRE** – Business License

I certify (or declare) under penalty of perjury under the laws of the state of Alaska that the forgoing is true and correct. I understand that unauthorized use of the placard is a traffic infraction with a monetary penalty.	
Organization Contact (Typed or Printed)	Title
Signature of Organization Official	Telephone
Email	Fax

DMV Use Only			
Issue Date:		<input type="checkbox"/> Permanent	Permit #(s):
Expiration Date:		<input type="checkbox"/> Temporary	

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR ORGANIZATION DISABILITY PARKING PERMIT**

DMV may cancel the disability parking placard that are used improperly.

- Placards are to only be used while transporting disabled persons.
- Placards will only be issued in your organizations name and used on your organizations vehicles with a current registration. Placards may not be used on employee's personal vehicles.
- The placards are issued for up to six months or issued for a period of five (5) years depending on business classification.
- The placard must be displayed from the rearview mirror when parked in a space designated for persons with disabilities. To ensure that your view is not obstructed, remove the placard from the rearview mirror PRIOR to operating the vehicle.
- The placards may not be photocopied. Photocopies are not recognized as valid permits and a vehicle displaying a photocopy may be cited for invalid parking.
- Fill in the ORGANIZATION information block. (Name, Address, etc.)
- Check the box that describes your type of organization.
- Fill in AND SIGN the ORGANIZATION OFFICIAL information blocks. By signing the application you are stating that you have reviewed the types of disabilities set forth below and your organization regularly transports individuals with such disabilities. (Physician certification is not necessary for an organization.)
- Your organization will be held responsible for all fines and penalties imposed for improper use of the placards. Law enforcement officers may enforce disability parking restrictions in public or private lots that indicate the restriction by reserved parking signs or blue painted curbs. Any citizen or property owner may request such enforcement. Violators are subject to a fine of not less than \$125, along with having the placard confiscated. (AS 28.35.235) Parking in a designated disability parking area with a vehicle displaying a disability plate or placard without the person with the disability exiting or entering the vehicle is \$250

TYPE OF DISABILITY

Disabled Person parking privileges may be granted to any person who has a disability that limits or impairs their ability to walk and /or meets one of the following criteria, as determined by a licensed physician:

- Cannot walk two hundred feet without stopping to rest.
- Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
- Are restricted by lung disease to such an extent that their 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.
- Use portable oxygen.
- Have a cardiac condition to the extent that their functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Return Form To:

DMV Contract Services, 3901 Old Seward Hwy STE 101 Anchorage, AK 99503-3600,
Phone 907-269-5575, FAX 907-269-5554.