FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR DISABLED PERSON PARKING PERMIT

Please submit this form to your local tax collector office or license plate agency.

https://www.flhsmv.gov/offices/

☐Application for Original Parking Permit ☐Application for Renewal Parking Permit

This form is not valid for more than 12 months from the date of the certifying authority's signature.

SECTION 1: APPLICANT INFORMATION *(see warning below)*

Name of Disabled Person as printed on their Florida DL/ID Card	Date of Birth	Signature of Disabled Person or Guardian of the Disabled Person	Date Signed

Sex	Disabled Person's Phone Number	Disabled Person's Email Address	If applicable, check on of the following: ☐I am a frequent traveler. ☐I am quadriplegic.

Address	City	State	Zip

Florida DL/ID Number *(required for permanent and temporary parking permits unless exception is noted by physician below)*	Current Disabled Parking Permit Number *(if applicable)*

Application by an Organization *(see warning below)*

This is to certify that _____provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of vehicles in fleet for this purpose:	Organization's Email address:	Signature of Organization's Authority:	Date Signed:

Address:	City:	State:	Zip:

SECTION 2: PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION (see warning below)

☐TEMPORARY PERMIT: This is to certify that the applicant named above is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary specific disability(ties) checked below, the disabled person parking permit should be issued from _____(date) through _____(date).

☐PERMANENT PERMIT:

Disability type as displayed in issuance system:

☐1.This is to certify that the applicant named above is legally blind or is a disabled person with a permanent disability(ties) that limits or impairs his/her ability to walk 200 feet without stopping to rest. Specify below either legally blind or the specific disability(ties).

☐2.Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance from another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

☐3.They need to permanently use a wheelchair.

☐4.Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.

(continued on the next page)

☐5.Use of portable oxygen.
☐6.Restriction by 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.Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.
☐8.Legally blind.
☐9.Permanent dismemberment or amputation and is in need of the disabled parking permit due to that permanent dismemberment or amputation. A lifetime disabled parking permit shall be issued to the applicant.

Certification or License Number *(Required)* of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Practice Registered Nurse under the protocol of a licensed physician or a physician assistant licensed under Chapter 458 or 459	Licensed in State of

Business Address	City	State	Zip	Telephone Number

Print/Type Name of Certifying Authority	Certifying Authority Signature	Date Signed

☐**SPECIAL EXCEPTION**: The severely disabled applicant named above applying for a permanent placard is unable to obtain a Florida driver license or identification card.

- If the Special Exception box is checked, the certifying physician must provide his/her signature and date signed below.
- If the Special Exception box is checked, one of the disability(ties) above must also be checked.

Certifying Authority Signature	Date Signed

SECTION 3: TAX COLLECTOR/LICENSE PLATE AGENCY USE ONLY

Agency Personnel Processing Application	County	Agency	Date

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, Florida Statutes. The penalty is up to one year in jail or a fine of $1,000 or both.

PROVISIONS OF LAW: Section 316.1958, Florida Statutes, provides that motor vehicles displaying a license plate or parking permit issued to a disabled person by any other state or district subject to laws of the United States shall be recognized as a valid plate or permit allowing such vehicle the special parking privileges in Florida provided such other state or district grants reciprocal recognition for disabled residents of this state. All of the United States has agreed to reciprocate. Section 320.0848(1)(d), Florida Statutes, provides the department shall renew the disabled parking permit of a person certified as permanently disabled on the previous application for a subsequent 4-year period without requiring the person to provide another certificate of disability or United States Department of Veterans Affairs Form Letter 27-333, or its equivalent, as applicable. After such 4-year period, the department shall renew the disabled parking permit if the person provides a certificate of disability issued within the last 12 months pursuant to this subsection.

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RENEWAL INSTRUCTIONS: A permanent parking permit must be renewed every 4 years. The first renewal of the permanent parking permit after an original issuance, does not require form HSMV 83039 to be submitted. Form HSMV 83039 is required for the next renewal and every other 4-year renewal thereafter. A lifetime parking permit does not require renewal. Note: for renewals and replacements only, a veteran who has been previously evaluated and certified by the United States Department of Veteran Affairs or any branch of the United States Armed Forces as permanently and totally disabled from a service-connected disability may provide a United States Department of Veterans Affairs Form Letter 27-333, or its equivalent, issued within the last 12 months in lieu of form HSMV 83039. Convenience renewals are available to the applicant when the form HSMV 83039 is not required. For online renewal services, please visit https://mydmvportal.flhsmv.gov/

APPLICATION REQUIREMENTS:

1. The form HSMV 83039 must be accurately completed including Section 2 Physician/Certifying Practitioner's Statement of Certification, verifying the disability. See list below for acceptable certifying authorities.
2. A Florida driver license number or identification number is required unless the authorized physician certifies that the applicant's disability is too severe to visit or be transported to an office to obtain a driver license or identification card.
3. Fees: there is no charge for a Permanent Parking Placard. A Temporary Parking Placard is $15. If a second Temporary Parking Placard is required within one year of the initial Temporary Parking Placard there will be no charge.
4. Original signed or copy of form HSMV 83039 can be submitted in person at your local tax collector office or faxed directly from the certifying authority to your local tax collector or license plate agency.

CERTIFYING AUTHORITIES:

Section 2 Physician/Certifying Practitioner's Statement of Certification on this form MUST be completed by one of the following and must include the certifying authority's license number and name of the state where their license was issued: Physician licensed to practice under Chapters 458, 459 or 460, Florida Statutes, or similarly licensed by another state; Documentation of the physician's licensure in the other state must be submitted with a signed statement verifying the physician's knowledge of Florida's eligibility guidelines (s. 320.0848(1)(b)2., 2, Florida Statutes). • Osteopathic Physician. • Podiatric Physician. • Chiropractor. • Optometrist. • Advanced Practice Registered Nurse licensed under Chapter 464, under the protocol of a licensed physician. • Physician Assistant licensed to practice under Chapter 458 or Chapter 459.

MISCELLANEOUS INFORMATION:

1. An additional permit may be issued to a disabled person who qualifies as a frequent traveler or as a quadriplegic.
2. An organization may be issued as many disabled person parking permits as it has vehicles that are used to transport disabled persons.
3. Temporary parking permits are issued for the time period specified by the certifying authority not to exceed six (6) months.
4. Permits issued to disabled persons will expire in four years on the owner's birthday. Permits issued to organizations will expire in four years on June 30.
5. The permit must be hung on the rear-view mirror of any vehicle used to transport the disabled person(s) while parked in a designated disabled person parking space. The permit number must be visible from the front of the vehicle.
6. It is unlawful for any person to obstruct the path of travel to an accessible parking space, curb cut or access aisle by standing or parking a vehicle within any such designated area.