

Mississippi Disabled Parking Application

(Section 27-19-56, MS Code of 1972)

Section 1 Certification to be Completed by Licensed Physician, Physician Assistant or Nurse Practitioner

I do hereby certify that _____
Printed Name of Disabled Person Address

City State Zip

has the following condition:

- Cannot walk 200 feet without stopping to rest; or
- Cannot walk without the use of an assistive device; or
- Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest; or
- Use portable oxygen; or
- Has 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; or
- Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

****PHYSICIAN PLEASE CHECK ONE****

Printed Name of Physician, Physician Assistant or Nurse Practitioner

Signature of Physician, Physician Assistant or Nurse Practitioner

Date _____ Phone Number _____

Permanent

Temporary Not Extended Beyond

Month / Year

Section 2 Application to Be Completed by Tax Collector

Application is hereby made for:

Expiration Date

- Permanent Parking Placard
- Disabled License Tag

Month / Year

Tag Number Title Number Registrant's Name

- Temporary Parking Placard (valid for not over six months)

Applicant is Child Parent or Spouse living with vehicle owner.

Signature of Tax Collector or Deputy Date

Section 3 To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a disabled parking permit and/or disabled license plate on the condition that I will comply in all respects with the applicable Mississippi Laws and the rules and regulations hereunder.

Signature of Applicant