STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF MOTOR VEHICLES

2900 Apalachee Parkway Neil Kirkman Building - Tallahassee, FL 32399-0620

APPLICATION FOR DISABLED PERSON PARKING PERMIT

*******SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY*******

Please Print/Type below APPLICATIO	ON BY DISABLED PE	RSON (See	Warning Below)		
certify that I am a person with one of the disabilities list practitioner has completed the statement of certification					
Name of Disabled Person as printed on the Florida Driver License or Florida ID Card		Signature of Disabled Person, Parent or Guardian of Disabled Person			
Date of Birth Sex			Date Signed		
Street Address	City		State	Zip Code	
FL Driver License or FL Identification Card Number:		an below)	Disabled Perso	ons E-mail Address	
f applicable, check one of the following:	frequent traveler.	☐ I am a qu	adriplegic.		
□LONG TERM DISABILITY PHYSICIAN/CERTIFYIN	NG PRACTITIONER 'S ST	TATEMENT (OF CERTIFICATION	I (See Warning Below)	
Dermanent Permit: This is to certify that disability (les) that limits or impairs h	an Optometrist can certify). a qualifying disability, unlestance from or other another anothe	e. Restriction person's (Class III of American f. Severe lin arthritic, r. Severely placard is identificat (If the Spothe condition of certificat of the condition of the conditio	g to rest. The specific divided by one of the condition on by cardiac condition of the cond	s listed below (a-f). **** to the extent that the e classified in severity as o standards set by the bility to walk due to an edic condition. on lying for a permanent rida driver license or ove is checked, one of also be checked.) disability (six months or less) ic disability (ies) checked above, (date). 848, Florida Statutes, commits a	
Print/Type Name of Certifying Authority	Signature		Date Signed		
Business Street Address			(Area Cod	e) Telephone Number	
City		State		Zip Code	
Certification or License No. (Required) Advanced Registered Nurse Practitioner under the protocol of a license No. (Required)	censed physician or a Physician A	Assistant license		59.	
Please Print/Type APPLICAT	ION BY AN ORGANIZAT	ION (See W	arning Above)		
This is to certify that	re certified to be legally blind.	provides	regular transportation s	ervice to disabled persons	
Number of vehicles in fleet for this purpose	Signature of Organization's A	uthorized Repre	sentative	Date Signed	
Street Address	City		State	Zip Code	
FEID NUMBER:	Organizations E-mail Address	S:			
	TAX COLLECTOR	USE ONLY			
Agency Personnel Processing this Application Cour	nty	Agency		Date	

HSMV 83039 (Rev. 10/09)

PROVISIONS OF LAW:

Section 320.0848, Florida Statutes, provides for the issuance of the disabled person parking permit. This section was amended to no longer allow the applicant to qualify because they are unable to walk 200 feet. This disability must be due to a condition listed in (a-f) on the reverse side of this form in the "Physician/Certifying Practitioner's Statement of Certification" section.

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.

RENEWAL INSTRUCTIONS:

Submit a copy of the registration for your expiring parking permit, along with the appropriate fees, by mail or in person to the tax collector's office or license plate agency in the county where you live.

Contact your local county tax collector's office or license plate agency for fee information.

APPLICATION REQUIREMENTS:

- 1. The form HSMV 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section, verifying the disability. See list below for acceptable "certifying authorities."
- 2. A Florida driver license number or Florida 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's license or identification card.
- 3. Fees: There is no charge for a Permanent Parking Placard. A Temporary Parking Placard is \$15.

Note: If a second Temporary Parking Placard is required within one year of the initial Temporary Parking Placard, there will be no charge. If a second Temporary Parking Placard is required outside the one year issuance, a fee of \$15 would be required.

CERTIFYING AUTHORITIES:

The "Physician/Certifying Practitioner's Statement of Certification" section on the reverse side of this form MUST be completed by **one** of the following and must include the certifying authority's license number and the 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.
 NOTE: Documentation of the physician's licensure in the other state must be submitted.
- Osteopathic Physician.
- Podiatric Physician.
- Chiropractor.
- Optometrist (for sight only).
- Physician who practices medicine in a military medical facility, state hospital or federal prison. Indicate the facility and the address.
- Advanced registered nurse practitioner 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 an organization 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.