SERVICE OKLAHOMA

Physical Disability Parking Placard Application

ServiceOklahomarequiresapproximately20businessdaysafterreceipttoprocesstheapplication.

Sections1and2ofthisformmustbecompletedbyapplicant(patient)andphysicianbeforeadisabilityplacardcanbeissued.

If you are only seeking a replacement placard ~~which has been lost, stolen, or destroy~~ed, only Section 1 must be completed.

Type of placard requested: New Renewal Replacement (Lost/Stolen/Destroyed)

Number of placards requested: 1 placard 2 placards (Limit 1 replacement placard if lost, stolen, or destroyed during the term of the original placard)

I hereby make application to Service Oklahoma for a physical disability parking placard. I understand I must display the official placard on the rearview mirror upon parking. I understand the placard may only be displayed in motor vehicles either operated by me, or in which I am a passenger. I understand that any person who knowingly makes false application for a disability parking placard, or makes or allows unauthorized use thereof, is guilty of a misdemeanor and upon conviction shall be punished by a fine of $500.

Section 1 – Applicant (Patient) Information (Please print or type)

First Name	MiddleName	Last Name	Date of Birth

Mailing Address	City	ST	Zip

Driver License/State Identification Card Number	Phone

NOTICE: I understand that by signing and submitting this form, my ability to operate a motor vehicle may be reviewed by Service Oklahoma as provided in 47 O.S. § 6-119, pursuant to the standards prescribed by the Driver License Medical Advisory Committee as created in 47 O.S. § 6-118.

Signature of Applicant or Person Responsible for Applicant (required)

NOTICE: Service Oklahoma shall only consider new or renewal applications submitted within sixty (60) days of the date of the physician's signature in Section 2.

Section 2 - Physician

The following section must be completed in full by a physician licensed to practice medicine or surgery, osteopathic medicine, chiropractic, podiatric medicine, or optometry; a licensed physician assistant; or a licensed and certified advanced registered nurse practitioner.

Physician's statement concerning the above-named applicant (patient):

- ☐ **A.** Cannot walk 200 feet without stopping to rest, or
- ☐ **B.** Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistant device, **(Must circle appropriate response)**
- ☐ **C.** Is restricted to such an extent that the person's forced (respiratory) expiratory volume for one liter, or the arterial oxygen tension is less than 60MM/HG on room air at rest, or
- ☐ **D.** Must use portable oxygen, or
- ☐ **E.** Has functional limitations which are classified in severity as Class III or Class IV according to standards set by the American Heart Association, or
- ☐ **F.** Is severely limited in his or her ability to walk due to an arthritic neurological, or orthopedic condition, or complications due to pregnancy, **(Must circle appropriate response)**
- ☐ **G.** Is certified legally blind, or
- ☐ **H.** Is missing one or more limbs which impairs mobility.

In your professional opinion would this condition affect this person's ability to safely operate a motor vehicle under normal or adverse driving conditions?

■ No Yes

Type of placard approved by signing physician (choose one)

- ☐ Temporary Placard, issued for a maximum of 6 months. Expiration date, not to exceed 6 months:
- ☐ 5-year Placard

Icertify that the applicant's (patient's)physicaldisability described above is accurate, and saiddiagnosisiswithinthescope of my practice.

Date	Physician's Name	Physician's License Number
	Joel Bremer Durinka	# 39713

Mailing Address	City	ST	Zip
500 Seneca St Unit 4-22	Buffalo	NY	14204

Phone	Signature
(716) 866-8160	

Physician must indicate the type of placard and provide all information along with their signature.

FOR SERVICE OKLAHOMA USE

Expiration Date:	Date Issued:	Placard Number:

Mail completed application to:
Service Oklahoma
Driver License Services - Disability Parking Permits
PO Box 11415
Oklahoma City, OK 73136-0415

If you have any questions, please consult the frequently asked questions (FAQ) found on our website at https://service.ok.gov or call 405-425-2693.