



# Permanent Disabled Parking Identification Permit Information and Application

MV2548 6/2016 s.343 Wis. Stats.

## Are you eligible?

Any person certified by an authorized health care specialist as having a **permanent** disability is eligible for the Disabled Parking Identification (DIS ID) permit. By legal definition, this includes any person who:

- ▶ Cannot walk 200 feet or more without stopping to rest.
- ▶ Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device.
- ▶ Is restricted by lung disease to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
- ▶ Uses portable oxygen.
- ▶ Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association.
- ▶ Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition.



## DIS ID permit use

A DIS ID permit must be hung from the interior rearview mirror of a motor vehicle when parking in a space reserved for persons with a physical disability. A person who displays a DIS ID permit on their vehicle:

- ▶ May park in spaces marked by official traffic signs reserving the space for vehicles displaying VET or DIS plates or a DIS ID permit.
- ▶ Is exempt from any parking ordinance imposing time limits of one-half hour or more and is subject to the laws relating to parking.
- ▶ May park at a municipally-owned/leased lot without payment in **metered spaces** when the time limit is one-half hour or more. Payment may be required for privately-owned parking lots or those with an attendant.
- ▶ May obtain fuel from a full-service pump at the same price as fuel from a self-service pump at locations with both types of services, if the driver is the person with the disability. The driver of the vehicle must ask for the same price as charged for fuel dispensed from a self-service pump. The retailer is not required to provide any other service that is not provided to customers who use a self-service pump.

## Things you should know

- ▶ Permits can be used in any vehicle in which you are a passenger or driver.
- ▶ You must keep a copy of this completed application and provide it to any traffic officer for inspection upon request. Make and keep a copy **before** submitting the application to WisDOT.
- ▶ Individuals with a **permanent** disability must be recertified every four years to renew a DIS ID permit.
- ▶ Persons with a **temporary** disability should complete form MV2933, Temporary Disabled Parking Identification Permit Application.
- ▶ DIS ID permits are valid in all 50 states, D.C. and Puerto Rico. For more information see: [wisconsindmv.gov/Pages/dmv/vehicles/dsblid-prkg](http://wisconsindmv.gov/Pages/dmv/vehicles/dsblid-prkg)

## Misuse of DIS ID permit

- ▶ Any person who sells or lends a DIS ID permit to someone who is not authorized by law to use it may be fined up to \$300 and may have the permit confiscated.
- ▶ Any person who fraudulently obtains, makes, alters, reproduces or duplicates a DIS ID permit may be fined up to \$500.
- ▶ Operating a motor vehicle when a DIS ID permit is hanging from the rearview mirror is a safety hazard and creates an obstruction to a driver's clear view through the front windshield. Violators may be fined up to \$100.
- ▶ WisDOT may cancel a DIS ID permit that was issued as a result of fraud, error or improper use.

### If you have questions about this application:

- » Call: (608)264-7169
- » FAX: (608)267-5106
- » E-mail: [special-plates.dmv@dot.wi.gov](mailto:special-plates.dmv@dot.wi.gov)



**How to apply**

1. Read the **Are you eligible?** section and complete the **Applicant** section if you qualify.
2. Have an authorized health care specialist complete the **Eligibility** section.
3. Make and keep a copy **before** submitting this application to WisDOT. **You must keep a copy of this completed application and provide it to any traffic officer for inspection upon request.**
4. **No fee** is required for issuance, renewal, or replacement. However, applications made at a local DMV Service Center that provides DIS ID permit service are subject to a counter service fee.
5. Mail application to:  
**WisDOT, Special Plates Unit – DIS ID**  
**P O Box 7306, Madison, WI 53707-7306**

**Release of non exempt information**

Under Wisconsin open records law, the Wisconsin Department of Transportation must provide information from its records to requesters.

If you do not want your name and address included in requests we receive for ten or more records, you may ask the department to withhold your name and address from those lists by checking the box below:

Opt Out

ADA – The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

**Applicant section** *Please print clearly. Check appropriate boxes.*

- Original  Replacement – Indicate permit # and check reason for replacement:  
 Renewal  Permit #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_ Reason:  Lost  Stolen  Mutilated/Illegible

Legal Name of Person with Disability – First, Middle Initial, Last (Please Print)				<input type="checkbox"/> Female <input type="checkbox"/> Male																							
Driver License/Non-driver ID # – If none, write NONE <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td> <td>13</td><td>14</td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	11	12	13	14	Date of Birth (Required) <table border="1"> <tr> <td>M</td><td>M</td> <td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	D	D	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	10	11	12	13	14														
M	M	D	D	Y	Y	Y	Y																				
Address		City	State	ZIP Code	Area Code – Telephone # where you may be reached 7 a.m. to 4:30 p.m.																						

I have read the information on this form and understand the qualifications under which my DIS ID permit may be issued.

**X** \_\_\_\_\_  
 (Signature of Person with Disability) or (Person Signing on Behalf of Person with Disability) (Date)

If signing on behalf of the person with a disability, give the following:

**X** \_\_\_\_\_  
 (Name of Person Signing for Applicant – Please Print) (Relationship to Applicant)

**Eligibility section**

This section must be completed and signed by any of the following health care specialists licensed to practice in any state: physician, podiatrist, advanced practice nurse, chiropractor, public health nurse or physician assistant who is licensed or certified, or Christian Science Practitioner residing in Wisconsin. An RN must have additional credentials to certify permit eligibility. This statement is for issuance of a Permanent Disabled Parking Identification (DIS ID) permit and is not to be considered as a claim for VA benefits.

If you feel this applicant's medical condition or disability may prevent them from exercising reasonable control over a motor vehicle, please refer to the WisDOT website [wisconsindmv.gov/Pages/dmv/license-drvs/mdcl-cncrns/medicalmedprofessionals.aspx](http://wisconsindmv.gov/Pages/dmv/license-drvs/mdcl-cncrns/medicalmedprofessionals.aspx).

**Eligibility Certification Statement** – I certify the applicant identified above has a permanent qualifying disability as specified on this form.

You can now certify your applicant has a qualifying disability as specified on this form online at: <http://app.wi.gov/disabledparking>

**Printed name of health care specialist certifying above.**

Name of Health Care Specialist Certifying Eligibility (Please Print)		Medical License # <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> <td>6</td><td>7</td><td>8</td> </tr> </table>		1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8				
Address		Area Code – Office Telephone #									
City, State, ZIP Code											

**X** \_\_\_\_\_  
 (Signature of Authorized Health Care Specialist) (Date REQUIRED – Certification must be based on an exam conducted in the last 12 months)