WASHINGTON STATE DEPARTMENT OF LICENSING

Disabled Parking Application for Individuals

Use this form to apply for disabled plates, placards and/or tabs. Once you and your healthcare provider have completed each section, take this application AND A SEPARATE signed authorization from your healthcare provider to any vehicle licensing office or mail to any location from the attached page.

Applicant

PRINT or **TYPE** Name *(Last, First, Middle initial)*			Date of birth (mm/dd/yyyy)
Mailing address *(PO Box or street address and apartment number, if applicable)*	City	State	ZIP code
10-digit daytime phone	Email address		
Current license plate, if applicable	Registration expiration, if applicable		

X When completed, print form and sign here.

Applicant or authorized representative signature

Parking privilege options

Your healthcare provider will determine if you get temporary or permanent disabled parking.

- Temporary placard–valid for 1 year or less. Only one placard will be issued (no fee required). A new application is required to renew.
- Permanent disabled parking–valid for 5 years. You must be the registered owner of the vehicle that has permanent plates or tabs. Before your privilege expires, we will send you a renewal notice.

Permanent disabled parking choices (choose only one)

☐ Placard only–no fee required

Number of placards: ☐ 1 ☐ 2

☐ Permanent plates–fee required (see dol.wa.gov for current fees)

Select one: ☐ 1 placard and 1 set of license plates
☐ 1 set of license plates

☐ Disabled parking tab for specialty or personalized plates–fee required (see dol.wa.gov for current fees)

Select one: ☐ 1 disabled parking tab
☐ 1 placard and 1 disabled parking tab

☐ Disabled parking tab for WATV–fee required (see dol.wa.gov for current fees)

Select one: ☐ 1 disabled parking tab
☐ 1 placard and 1 disabled parking tab

You will receive an identification (ID) card 2 to 4 weeks after we process your application. Keep it with you to show law enforcement, if asked.

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Healthcare provider – Doctor, physician, or licensed registered nurse practitioner fills out this section.

You must provide a separate signed authorization stating: (1) the applicant's name and (2) they have a condition which qualifies them for disabled parking privileges. This authorization must be on prescription paper or your office letterhead. If this application is printed on prescription paper, it meets both the application and authorization requirements. Return this form and your signed authorization to the applicant.

PRINT or **TYPE** Name	Professional classification	Professional license number
Office address *(Street address, City, State, ZIP code)*		10-digit phone number

Privilege duration

☐ Permanent

☐ Temporary for: _____ months (up to 12 months)

Answer the following

☐ My patient meets one of the following qualifying conditions:

- Cannot walk 200 feet without stopping to rest or must use assistive device
- Walking severely limited due to arthritic, neurological, or orthopedic condition
- Uses portable oxygen or walking restricted by lung disease
- Class III or IV impairment by cardiovascular disease
- Acute sensitivity to auto emissions that limits ability to walk
- Legally blind with limited mobility
- Restricted by porphyria (applicant benefits from a decrease in exposure to light)

I declare under penalty of perjury under the law of Washington that the applicant named above has a medical necessity that severely affects mobility or involves acute sensitivity to light.

Date and place (city or county) signed	**X** _____ MD, DO, DC, DPM, ND, ARNP, or PA **ONLY** signature

A parking permit for a person with disabilities may be issued only for a medical necessity that severely affects mobility or involves acute sensitivity to light (RCW 46.19.010). An applicant or healthcare practitioner who knowingly provides false information on this application is guilty of a gross misdemeanor. The penalty is up to 364 days in jail and a fine of up to $5,000 or both. In addition, the healthcare practitioner may be subject to sanctions under chapter 18.130 RCW, the Uniform Disciplinary Act.

RCW 46.19
WAC 308-96B-010, 308-96B-020

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Please mail your completed Disabled Parking Application to one of the following locations:

Adams County Auditor
210 W Broadway Ave Ste 200
Ritzville, WA 99169-1860

Asotin County Auditor
PO Box 129
Asotin, WA 99402-0129

Benton County Auditor
PO Box 200
Richland, WA 99352-0200

Chelan County Auditor
350 Orondo Ave Ste 202
Wenatchee, WA 98801-2885

Clallam County Auditor
223 E 4th St Ste 1
Port Angeles, WA 98362-3000

Clark County Auditor
PO Box 9812
Vancouver, WA 98666-8812

Columbia County Auditor
115 E Main St Ste 3
Dayton, WA 99328-1361

Cowlitz County Auditor
207 4th Ave N
Kelso, WA 98626-4193

Douglas County Auditor
PO Box 341
Waterville, WA 98858-0341

Ferry County Auditor
350 E Delaware #2
Republic, WA 99166-9747

Franklin County Auditor
PO Box 1451
Pasco, WA 99301-1223

Garfield County Auditor
PO Box 278
Pomeroy, WA 99347-0278

Grant County Auditor
PO Box 37
Ephrata, WA 98823-0037

Grays Harbor County Auditor
100 W Broadway Ste 2
Montesano, WA 98563

Island County Auditor
1 NE 7th St
Coupeville, WA 98239-3105

Jefferson County Auditor
PO Box 563
Port Townsend, WA 98368

King County Licensing
201 S Jackson St # 206
Seattle, WA 98104-3854

Kitsap County Auditor
614 Division St
Port Orchard, WA 98366-4614

Kittitas County Auditor
205 W 5th Ave #105
Ellensburg, WA 98926-2891

Klickitat County Auditor
205 S Columbus Ave Rm 203
Goldendale, WA 98620-9280

Lewis County Auditor
PO Box 29
Chehalis, WA 98532-0029

Lincoln County Auditor
PO Box 28
Davenport, WA 99122-0028

Mason County Auditor
PO Box 400
Shelton, WA 98584-0400

Okanogan County Auditor
PO Box 1010
Okanogan, WA 98840-1010

Pacific County Auditor
PO Box 97
South Bend, WA 98586-0097

Pend Oreille County Auditor
PO Box 5015
Newport, WA 99156-5015

Pierce County Auditor
2401 S 35th St #200
Tacoma, WA 98409-7460

San Juan County Auditor
PO Box 638
Friday Harbor, WA 98250-0638

Skagit County Auditor
PO Box 1306
Mount Vernon, WA 98273

Skamania County Auditor
PO Box 790
Stevenson, WA 98648-0790

Snohomish County Auditor
3000 Rockefeller Ave MS 506
Everett, WA 98201-4060

Spokane County Auditor
PO Box 2351
Spokane, WA 99210-2351

Stevens County Auditor
215 S Oak St, Rm 104
Colville, WA 99114-2847

Thurston County Auditor
3000 Pacific Ave SE
Olympia, WA 98501-8809

Walla Walla County Auditor
PO Box 1856
Walla Walla, WA 99362-0356

Wahkiakum County Auditor
PO Box 543
Cathlamet, WA 98612-0543

Whatcom County Auditor
PO Box 398
Bellingham, WA 98227-0398

Whitman County Auditor
400 N Main St
Colfax, WA 99111-2031

Yakima County Auditor
PO Box 12570
Yakima, WA 98909-2570

Department of Licensing
Applications & Issuance
PO Box 9043
Olympia, WA 98507