



Nonemergency HOV Exemption Decal Application

Registered owners of for-hire nonemergency medical transportation vehicles must use this form to apply for an HOV exemption decal.

When completed, take or mail this form with a check or money order for \$23, payable to Department of Licensing, to any vehicle licensing office or mail to:

Application and Issuance
Department of Licensing
PO Box 9909
Olympia, WA 98507-8500

Questions: contact Customer Service at 360-902-3770.

The registered owner must certify they have a contract or service agreement to provide transportation services for medical purposes with one or more of the following entities (*check all that apply*):

Hospital	Clinic	Dialysis center
Other medical institution	Retirement home	Group home
Health insurance company	Day care center	Federal, state, or local agency or jurisdiction
Broker who negotiates these services on behalf of one or more of these entities		

Applicant/Vehicle information

Name of registered owner or representative (<i>Last, First, Middle</i>)		10-digit daytime phone		
Email				
Mailing address (<i>Address or PO Box, City, State, ZIP code</i>)				
Current plate number	Vehicle identification number (VIN)	Year	Make	Model
Describe the primary purpose of vehicle use for the above selected entities				

Acknowledgement

By signing my name, I certify that I have a contract or service agreement to provide transportation services for medical purposes with one or more of the above entities. I acknowledge that I understand nonemergency vehicle qualifications and restrictions and will operate the vehicle as such. I understand the expiration of the nonemergency HOV exemption decal will expire June 30, 2027, and will remove the decal at that time.

X

Date and place (city or county) signed

Registered owner or Representative signature

If not signed by Registered owner, printed name of Owner representative

NOTE: Affix this decal to the back of the vehicle in the upper right corner either in window or directly on vehicle.