

INSTITUTIONAL/ORGANIZATIONAL DISABLED PARKING PLACARD APPLICATION

For Passenger Vehicles and Pickup/Panel Trucks Only

Purpose: Use this form to apply for institutional/organizational disabled parking placards.

Instructions: Complete the appropriate information below. Return the form to the Department of Motor Vehicles, Data Integrity, Post Office Box 85815, Richmond, Virginia 23285-5815.

PLACARD INFORMATION		
<p>The institution or organization requesting the placard must be a hospital, hospice, nursing home, non-profit entity or organization that does not charge for its services. No medical certification is needed. There is no fee for Institutional/Organizational Disabled Parking Placard(s). The placard(s) will be mailed within approximately 15 days.</p>		
NUMBER OF PLACARD(S) REQUESTED	DMV USE ONLY	LOG NUMBER

APPLICANT INFORMATION		
INSTITUTION/ORGANIZATION NAME	FEDERAL IDENTIFICATION NUMBER (FIN)	
CURRENT MAILING ADDRESS <input type="checkbox"/> Check here if this is a new address. (DMV must have your current mailing address.)	TELEPHONE NUMBER	
CITY	STATE	ZIP CODE

CERTIFICATION	
<p>As an authorized representative of the above institution/organization, I understand that it is unlawful to knowingly make a false statement on this application and that such a violation will be punished as a Class 2 misdemeanor. I certify that I am aware of the penalties for violating the disabled parking placard laws, and I understand that misusing or allowing the misuse of the placard(s) issued to this institution/organization can result in revocation of the placard(s). I also certify that the disabled placard(s) issued to the above institution/organization will be used only when transporting disabled persons.</p>	
AUTHORIZED REPRESENTATIVE NAME (print)	
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY		
PLACARD NUMBER	ISSUE DATE (mm/dd/yyyy)	ISSUED BY (print DMV representative name)