



**DEPARTMENT OF REVENUE**  
**DIVISION OF VEHICLES**  
**Vehicle Services**  
**www.ksrevenue.org**



**COMMERCIAL VEHICLE OR CITY/COUNTY  
OR OFFICIAL STATE VEHICLE LICENSE PLATE  
APPLICATION FOR DISABLED PLATE DECAL**



**Fax Completed and Signed form to (844)803-2461**

**1. LICENSE PLATE, VEHICLE AND OWNER/OPERATOR INFORMATION** *REQUIRED FOR ALL APPLICATION*

LICENSE PLATE \_\_\_\_\_ VEHICLE: \_\_\_\_\_  
Number Year Make Vehicle Identification Number (VIN)

LICENSE PLATE TYPE:  City/County (Part #2)  Official State Vehicle (Part #2)  Commercial Vehicle (Part #3)

Vehicle Registered in Name of \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State **KS** ZIP \_\_\_\_\_  
If you have multiple vehicles, please see instructions on back/page 2.

**2. CITY/COUNTY OR OFFICIAL STATE VEHICLE LICENSE PLATE** *GOVERNMENT AGENCY ONLY*

AGENCY WITH WHICH BRANCH OF GOVERNMENT:  City  County  Township  School District  State

NAME OF CONTACT PERSON: \_\_\_\_\_ Position Title: \_\_\_\_\_

Contact Person's: Phone Number \_\_\_\_\_ email \_\_\_\_\_

Describe why the agency needs access to Disabled Parking Privileges: \_\_\_\_\_

I affirm under penalty of law this application is true and correct and such disabled decal plate shall be used by an agency that provides transportation for persons with a disability, as defined in K.S.A. 8-1,124, as a service. I also affirm the agency will only utilize disabled parking privilege when transporting at least one disabled person. I am aware making a false certification that the agency meets the qualifications of K.S.A. 8-1,125 could result in penalty set forth by statute.

Signature of Owner's Authorized Representative (*Rubber Stamp NOT Acceptable*) \_\_\_\_\_ Hand Printed Name of Person Signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**3. COMMERCIAL VEHICLE LICENSE PLATE** *BUSINESSES/AGENCIES OR INDIVIDUALS ONLY*

**BUSINESS OR AGENCY:** I affirm under penalty of law this application is true and correct and such disabled decal plate shall be used by an business/agency that provides transportation for persons with a disability, as defined in K.S.A. 8-1,124, as a service. I also affirm the agency will only utilize disabled parking privilege when transporting at least one disabled person. I am aware making a false certification that the agency meets the qualifications of K.S.A. 8-1,125 could result in penalty set forth by statute. (Healing Arts Statement Not Needed.)

Signature of Owner's Authorized Representative (*Rubber Stamp NOT Acceptable*) \_\_\_\_\_ Hand Printed Name of Person Signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL** Date of Birth \_\_\_\_\_ Sex:  Female  Male; Phone Number: ( ) \_\_\_\_\_

I have a Kansas Disabled ID card and the number is \_\_\_\_\_ < If you do not have a Disabled ID card, the Healing Arts Statement must be completed.

Applicant's Signature \_\_\_\_\_ Hand Printed Name of Person Signing: \_\_\_\_\_ Date \_\_\_\_\_

**HEALING ARTS LICENSED PROFESSIONAL'S STATEMENT** Attending licensed professional *MUST* certify and sign the following:

I, the undersigned licensed professional, certify that (*Disabled Individual's Name*) \_\_\_\_\_ is considered to be permanently disabled, per Kansas Statute 8-1,124, due to at least one (1) or more of the following: (**Must check AT LEAST one.**)

- 1. Has a severe visual impairment;
- 2. Cannot walk one hundred (100) feet without stopping to rest (Violation KSA 8-1,130);
- 3. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- 4. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- 5. Uses portable oxygen;
- 6. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
- 7. Severely limited in their ability to walk at least 100 feet due to an arthritic, neurological, or orthopedic condition.

I, the undersigned, certify this healing arts licensed professional's statement is true and correct and I am aware of the penalties provided by KSA 8-1,130(b) for making a false statement.

Licensed Professional's Signature\* (*Rubber stamp not acceptable*) \_\_\_\_\_ Medical Title \_\_\_\_\_ Date \_\_\_\_\_

Printed / Typed Name of Licensed Professional Signing Above: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ email: \_\_\_\_\_

Printed: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\* The following are the **only** professionals that can sign this form: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), Dr. of Podiatric (DPM), Licensed Optometrist (OD), licensed physician assistant (PA), advanced registered nurse practitioner (ARNP) registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal. (KSA Chapter 65, Article 28 and 8-1,125). May be signed by a Healing Arts Professional licensed in any state.

# INSTRUCTIONS

- Disabled Parking decal will only be issued for and must be affixed to Commercial Vehicle, City/County and Official State Vehicle license plates.
- Application **MUST** be signed by the disabled individual or authorized agency individual.
- The disabled identification card **MUST** be available upon demand if the disabled individual is using any disabled parking privilege. If the disabled individual is not in the vehicle or the disabled individual does not have his or her ID card available upon demand, **the vehicle operator is NOT entitled to use the disabled parking privilege.**
- **THE LICENSE PLATE, VEHICLE AND OWNER/OPERATOR INFORMATION MUST BE COMPLETED ON EVERY APPLICATION, NO MATTER THE TYPE OF LICENSE PLATE.**

## **MULTIPLE VEHICLES**

Agencies or businesses with multiple vehicles may complete a list using an Excel or equivalent spreadsheet program and provide each vehicle's tag number, tag type, vehicle year, make and VIN and the mailing address the decal is to be mailed to. Be certain the name of the agency or business is a part of the spreadsheet too. At least one application must be completed, signed and in the plate and vehicle information fields write, "See attached list of plates and vehicles". The scanned the completed form. Email the scanned form and the spreadsheet to: [Sarah.Bayless@KS.GOV](mailto:Sarah.Bayless@KS.GOV) .

## **CITY/COUNTY OR OFFICIAL STATE OF KANSAS PLATE**

- The license plate cannot be transferred/moved to another agency's vehicle. If the vehicle is disposed of, dispose of the plate in the same manner as a City/County or State plate which does not have a disabled parking decal affixed. Notify the Division of Vehicles of the plate and vehicle information so the vehicle's record can be updated.
- A brief description of the reason disabled parking privileges are necessary must be provided.
- Law enforcement may request proof that at least one occupant in the vehicle is disabled as defined KSA 8-1,124. Such proof can be, but is not limited to, a disabled ID card issued by an authorized jurisdiction with the name of the disabled individual shown thereon.

## **COMMERCIAL VEHICLE PLATE**

- The personal disabled identification card **MUST** be carried by the person to whom it is assigned when using disabled parking privileges.
- Upon death of the disabled individual, both the commercial vehicle license plate with the disabled decal affixed and the personal disabled identification card **MUST** be returned to the local county treasurer's office in exchanged for a regular county tag, when applicable.
- The healing arts licensed professional's name **MUST** be printed/typed in the space provided. The licensed professional **MUST** sign the application. IT CAN NOT BE RUBBER STAMPED OR INITIALED. A healing arts licensed professional is a: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), or Dr. of Podiatric (DPM). A healing arts licensed professional from any state can sign this form. A licensed optometrist (OD), licensed physician assistant, advanced registered nurse practitioner registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal can also certify the form. *A RN OR LPN, CANNOT CERTIFY/SIGN THIS FORM.*

In addition to being eligible to park at marked accessible parking places, disabled persons having a valid disabled plate or placard displayed on or in the vehicle may also park at parking meters for a period of time not to exceed 24 hours and will be exempt from any parking fees of the state or any city, county or other political subdivision. (KSA 8-1,126)

## **PENALTY**

Any person who willfully and falsely represents him/herself as having the qualifications to obtain a special license plate, a permanent placard and an individual identification card or temporary placard pursuant to this act shall be guilty of a class C misdemeanor. Any person who falsely utilizes any parking privilege, shall be guilty of an unclassified misdemeanor punishable by fines of not less than \$100 nor more than \$300. (K.S.A. 8-1,130(a)) Violators may also be subject to additional penalties where imposed by local ordinance.

KSA 8-1,130(b) Any person authorized to certify a person with a disability under subsection (a) of K.S.A. 8-1,125, and amendments thereto, who willfully and falsely certifies that a person has the qualifications to obtain a special license plate, a permanent placard and an individual identification card or temporary placard pursuant to this act shall be guilty of a class C misdemeanor.