



# Georgia Department of Revenue - Motor Vehicle Division

## Person with Disability Parking Placard/License Plate Application



**Purpose of this form:** This form is to be used to request a Person with Disability Parking Placard or a Disabled Person's License Plate. This form should not be used to record a change of ownership, change of address, or change of license plate classification.  
**How to submit this form:** After reviewing the MV-9D form instructions, this fully completed form must be submitted to your local County tag office. Please refer to our website at <https://dor.georgia.gov> to locate the address(es) for your specific county.

### A REQUEST TYPE

Check applicable box(es) below:

Disabled Person's Parking Permit (Placard):

New Issuance:  Temporary Placard  Permanent Placard  Special Permanent Placard

Renewal (Permanent Placards Only) *Record placard number ⇨*

Replacement:  Lost  Stolen *Record previous placard number ⇨*

Disabled Person's License Plate Fee: \$20.00 Plate Fee plus any taxes that maybe due. **Please Note:** Section D must be completed and notarized.

Placard No.: Record placard number if renewing or replacing placard.

### B APPLICANT INFORMATION

Disabled Person's Full Legal Name:  First Name  Middle Initial  Last Name  Suffix  Telephone No.:

Physical Address:  Street No.  Street Name  Apt./Suite No.  City  State  ZIP Code

Driver's License No.:  State of issuance:  County:

### C PARENT/GUARDIAN INFORMATION

Note: If you are the parent or adult charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents (person in loco-parentis), you must complete the information below.

Parent/Guardian's Full Legal Name:  First Name  Middle Initial  Last Name  Suffix  Relationship to Applicant:

Physical Address:  Street No.  Street Name  Apt./Suite No.  City  State  ZIP Code

Driver's License No.:  State of issuance:  County:

### D CERTIFICATION FROM A LICENSED OR CERTIFIED HEALTH CARE PROVIDER

I hereby certify that the person with the disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements." Enter Reason Code No.:  (Note: Only those conditions listed on the reverse side of this application qualify an applicant for a Person with Disability Parking Placard.) **\*\*PLEASE SEE INSTRUCTIONS BEFORE COMPLETING\*\***

Health Care Provider's Name:

Medical License No.:

Physical Address:  Street No., Street Name, Suite No.  City, State, ZIP Code

Telephone No.:  Signature:

Sworn to and subscribed before me

this  day of  Month  Year

Notary Signature

Commission Expiration Date

### E INSTITUTION/BUSINESS INFORMATION (This vehicle is used primarily for transportation of disabled persons.)

Institution/Business Full Legal Name:  FEIN:

Vehicle Identification No.:

Year:  Make:  Model:  Tag No.:

Authorized Representative's Printed Name:  Position/ Job Title:

Authorized Representative's Signature:  Date:  /  /

### F APPLICANT SIGNATURE

I state that I have read and signed this application after its completion, and I swear or affirm that the statements made herein are true and correct, and I acknowledge that any person knowingly or willfully making a false statement on or pursuant to this application is guilty of a misdemeanor under Georgia Code §40-2-74(a.1).

Signature:  Date:  /  /