

PHYSICIAN'S CERTIFICATION OF MOBILITY IMPAIRMENT

I certify that (Name) _____ Birth Date: _____
(Address) _____ Race/Sex: _____

meets the requirements as outlined in # _____ (shown below) and qualifies for a mobility impaired license plate/parking card. I further understand that willful and false certification shall subject me to fines/imprisonment as outlined in R.S. 47:463.4 (G)(4).

' **LIFELONG OR TOTALLY IMPAIRED**
(Physician's certification required on initial application only)

' **TEMPORARILY IMPAIRED**
(Condition expected to last for less than two (2) years. Physician's certification required at each renewal of placard)

' **PERMANENTLY IMPAIRED**
(Condition expected to last at least two (2) years. Physician's certification required at each renewal of plate/placard.)

' **UNABLE TO APPEAR IN PERSON AT
OFFICE OF MOTOR VEHICLES**
(Applicant must bring small facial photo.)

Physician's Signature

Date

Address

Federal ID # /Soc. Sec. #

Telephone #

TO BE COMPLETED BY MOTOR VEHICLE OFFICER ONLY

Vehicle VIN # _____ Lic. Plate # _____

Parking Card Control # _____ Placard ID # _____

Date Issued: _____ Operator # _____ Office # _____

NOTICE

FAILURE TO SUBMIT PHYSICIAN'S CERTIFICATION OF MOBILITY IMPAIRMENT FOR MOBILITY IMPAIRED LICENSE PLATE OR PARKING CARD WILL RESULT IN REJECTION AND/OR RETURN OF APPLICATION.

One (1) Parking Card allowed per person. Two (2) Mobility Impaired Plates allowed per person. PARKING CARD OR LICENSE PLATE not to be issued/renewed to ANYONE other than the mobility impaired person or designee.

The term, "mobility impaired person," shall include any person who is impaired because of any of the following conditions:

- 1. Cannot walk two hundred feet without stopping to rest.**
- 2. Cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic devices, or wheelchair.**
- 3. Is restricted by a 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 arterial oxygen tension is less than sixty mm/hg on room air at rest.**
- 4. Uses portable oxygen.**
- 5. Has cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards by the American Heart Association.**
- 6. Has a diagnosed disease or disorder, including a severe arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.**