



# Disability Placard/License Plate Application

**\*\* See Page 2 for Instructions &  
Special License Plate Information \*\***

**MVD Use Only**  
**Expiration Date:**  
**Permit #:**

[MTDriverHistory@mt.gov](mailto:MTDriverHistory@mt.gov)

P.O. Box 201430 Helena MT 59620-1430

Phone (406) 444-3933

Fax (406) 444-3816

**CHECK ONE:** ☐ Applying as an **individual** fill out Section A only.  
☐ Applying as an **organization** fill out Section B only.

|   |  |               |  |       |     |
|---|--|---------------|--|-------|-----|
| <b>A</b>  | Applicant's Legal Name (first, middle, last) - please print  |               | Driver License/ID Card/Tribal ID Number (If applicant has one) |       |     |
|   | Applicant's Residential Address  |               | City   | State | Zip |
|   | Applicant's Mailing Address  |               | City   | State | Zip |
|   | Do you need the disability placard mailed to a temporary address: <input type="checkbox"/> Yes <input type="checkbox"/> No |               |  |       |     |
|   | If yes, temporary address:   |               | City   | State | Zip |
| Daytime Phone Number  |  | Date of Birth |  |       |     |
| You are eligible for <input type="checkbox"/> 1 or <input type="checkbox"/> 2 disability placard(s). And under certain circumstances, one set of license plates for each noncommercial motor vehicle you own.   |  |               |  |       |     |
| Under limited circumstances, MVD may issue more than 2 placards. How many additional placards are you requesting ____ Why do you need additional placards?<br>_____   |  |               |  |       |     |
| <b>The applicant certifies that:</b> I understand that by submitting this form I have read pages 1 and 2 of this form and agree to comply with all the requirements for the permit or license plate and I am authorizing the State of Montana to update my address and customer record. |  |               |  |       |     |

## Medical Certification for an Individual: This part must be completed by a licensed Physician, Physician's Assistant, Chiropractor, or Advanced Practice Registered Nurse.

I certify that, based on the criteria listed on page 2, the applicant is qualified for (*check one*):

- ☐ 3 years for a permanent disability placard and disability vehicle plates  
☐ 6 month disability placard for a temporary disability  
☐ \_\_\_\_ month extended disability placard for a temporary disability (maximum 24 months)

Printed Name: Physician/PA/Chiropractor/Advanced Practice RN

Type of Medical Provider

Professional License Number

Address: Physician/PA/Chiropractor/Advanced Practice RN

City

State and Zip Code

Signature: Physician/PA/Chiropractor/Advanced Practice RN

Date

Daytime Phone Number

**B** The Motor Vehicle Division may issue disability placards to an agency or business that provides transportation for people with disabilities. The placards must be used only to load and unload people with disabilities.

Name of Organization

FEIN or Corporate ID

Mailing Address

City

State

Zip

Type of Organization (**check one**): ☐ Skilled Nursing Facility ☐ Nursing Home ☐ Intermediate Care Facility  
☐ Other, explain: \_\_\_\_\_ We are applying for \_\_\_\_ permit(s).

I certify that I represent an agency, business, or long-term care facility providing transportation for people with disabilities (MCA 49-4-301) and I have full authority to sign for this agency, business, or facility (MCA 49-4-302).

**X**  
Signature

Position Title

Printed Name

Date

Daytime Phone

# MV5 Form Instructions

There is no fee for a disability placard.

Incomplete applications delay processing, please double-check before submitting.

If you have lost your unexpired placard please call the number listed on the front of this form for a replacement.

**Individuals** must complete **Sections A** when requesting a disability placard or disability plates. If you live in a care facility and need a placard for yourself, only complete Section A. A licensed physician, physician's assistant, chiropractor, or advanced practice registered nurse must complete the "Medical Certification for Individual."

**Organizations** only need to complete **Section B**.

**To submit your signed and completed application:**

- **Email:** [MTDriverHistory@mt.gov](mailto:MTDriverHistory@mt.gov)
- **Fax:** (406)444-3816
- **Mail:** Motor Vehicle Division, PO Box 201430 Helena, MT 59620-1430
- **In Person:** Motor Vehicle Division, 302 N Roberts, Helena, MT 59601

## INFORMATION FOR MEDICAL PROVIDERS

The applicant **must meet one or more** of the following criteria (MCA 49-4-301):

- cannot walk 200 feet without stopping to rest;
- is severely limited in ability to walk because of an arthritic, neurological, or orthopedic condition;
- is so severely disabled that the person cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;
- uses portable oxygen;
- is restricted by lung disease to the extent that forced expiratory respiratory volume, when measured by spirometry, is less than 1 liter per second or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- has impairment because of cardiovascular disease or a cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association;
- has a disability resulting from an acute sensitivity to automobile emissions or from another disease or physical condition that limits or impairs the person's mobility and that is documented by the licensed physician, licensed physician's assistant, the licensed chiropractor, or the licensed advanced practice registered nurse as being comparable in severity to the other conditions listed in this subsection.

A disability placard's expiration date depends on whether the disability is permanent or temporary.

- Three years for a person with a permanent disability.
- Six months for a person whose condition is expected to improve within six months.
- Up to two years for a person whose condition is expected to improve between six months and two years.

## INFORMATION ABOUT DISABILITY PLACARDS

- You must prominently display the disability placard in the windshield of the vehicle when using it.
- You cannot transfer a disability placard to another person. It is unlawful for you to loan this placard to any person even if that person is disabled.
- Permits are valid until the last day of the month and year on the permit. You must submit a new application before the expiration date to renew permit.
- A skilled nursing facility, nursing home, or intermediate care facility may use the placard to park.
- An agency providing transportation may only use the placard to load and unload persons with a disability.
- The disability placard must be surrendered to the Motor Vehicle Division when you are no longer disabled or are deceased.
- MVD may cancel your disability placard for fraud or misuse.
- Permanent permits issued prior to October 1993 do not require renewal.

## INFORMATION ABOUT DISABILITY VEHICLE PLATES

- If you are eligible and are a registered owner of a vehicle, you may apply and pay for disabled plates with a design with a representation of a wheelchair as the symbol of a person with disability.
- You may go to your County office to receive disability vehicle plates. If you have an unexpired 3 year disability placard, you may present this to the county to show that you are eligible for disability plates.
- If the vehicle is permanently registered, you must attach your vehicle registration and carry it with you in your vehicle documentation of continued eligibility for a disabled plate.
- MVD may cancel your disability placard for fraud or misuse.