

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**

**DIVISION OF MOTORIST SERVICES**

[www.flhsmv.gov/locations/](http://www.flhsmv.gov/locations/)

**APPLICATION FOR A DISABLED, DISABLED VETERAN OR MOTORCYCLE**

**INTERNATIONAL WHEELCHAIR SYMBOL LICENSE PLATE**

\*\*\*\*\* SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY \*\*\*\*\*

I, \_\_\_\_\_, certify that I am a legal resident of Florida residing at

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

and I am the registered  Owner  Lessee of the following described motor vehicle:

Vehicle Identification Number	Year	Make	Color	Body	Florida Title Number
Owner/Lessee Date of Birth	Sex	Current License Plate Number	Owner/Lessee E-Mail Address		

Florida Driver License or Identification Number: \_\_\_\_\_

**I certify that I qualify for the wheelchair symbol license plate as defined in sections 320.0842, 320.0843 or 320.0848, Florida Statutes, and I have obtained the appropriate physician/certifying practitioner's certification.**

**Choose one:**  Disabled wheelchair license plate  Disabled Veteran (DV) Wheelchair license plate  
 Disabled Motorcycle wheelchair license plate

\_\_\_\_\_  
SIGNATURE – DISABLED PERSON/VETERAN Date

**PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION  
For Disabled Person to Obtain a Regular or Motorcycle Size Wheelchair Symbol License Plate**

This is to certify that \_\_\_\_\_ is legally blind or is unable to walk 200 feet without stopping to rest due to the following specific disability (ies):

- Legally blind (This is the only disability an Optometrist can certify)
- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit or the wheelchair symbol license plate.
- b. The need to permanently use a wheelchair.
- c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the persons arterial oxygen is less than 60 mm/hg on room air at rest.
- d. Use of portable oxygen
- e. Restriction by 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.
- f. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.

\_\_\_\_\_  
Print/Type Name of Certifying Authority Signature Date Signed

\_\_\_\_\_  
Business Street Address (Area Code) Telephone Number

\_\_\_\_\_  
City State Zip Code

Certification or License No. **(Required)** \_\_\_\_\_ of Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Practice Registered Nurse under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.

**LICENSED IN THE STATE OF:** \_\_\_\_\_

**WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, Florida Statutes. The penalty is up to one year in jail or a fine of \$1,000 or both.**

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/locations/>

## PROCEDURES AND INSTRUCTIONS

### PROVISIONS OF LAW:

Section 320.0842, Florida Statutes, provides for the issuance of a wheelchair symbol license plate to any owner or lessee of a motor vehicle who qualifies as a disabled veteran and also qualifies for a disabled person parking permit under section 320.0848, Florida Statutes.

Section 320.0843, Florida Statutes, provides for the issuance of a wheelchair symbol license plate to any owner or lessee of a motor vehicle who, resides in this state and qualifies for a disabled person parking permit under section 320.0848, Florida Statutes.

### APPLICATION REQUIREMENTS:

1. The form HSMV 83007 or 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section verifying the disability. See list below for acceptable "certifying authorities."

**NOTE: A disabled veteran must also provide proof of their eligibility for a license plate as specified in section 320.084, Florida Statutes.**

2. A copy of the vehicle registration certificate.
3. Proof of insurance indicating personal injury protection and property damage liability coverage.
4. Contact your Local County Tax Collector's office or License Plate Agency for fee information.

### WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING TYPE VEHICLES:

1. Automobiles for private use or lease.
2. Trucks weighing 5,000 pounds or less or heavy trucks with a GVW less than 8,000 pounds.
3. Automobiles, which seat under nine passengers and are for hire.
4. Motor homes or truck campers.

### PROVISIONS OF LAW:

Section 320.08035, Florida Statutes, provides for a motorcycle size international wheelchair user symbol (emblem) license plate to be issued to the owner or lessee of a motorcycle, moped or motorized disability access vehicle, who resides in this state and qualifies for the disabled person parking permit as defined in Section 320.0848, Florida Statutes.

### APPLICATION REQUIREMENTS:

1. The form HSMV 83007 or 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section verifying the disability. See list below for acceptable "certifying authorities."
2. A copy of the vehicle registration certificate.
3. Contact your Local County Tax Collector's office or License Plate Agency for fee information.

### MOTORCYCLE WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING TYPE VEHICLES:

1. Motorcycles for private use or lease.
2. mopeds for private use or lease.
3. Motorized disability access vehicles.

### CERTIFYING AUTHORITIES:

The "**Physician/Certifying Practitioner's Statement of Certification**" section on the reverse side of this form **MUST** be completed by **one** of the following and must include the certifying authority's license number and the name of the state where their license was issued:

- Physician licensed to practice under Chapters 458, 459 or 460, Florida Statutes, or similarly licensed by another state.  
**NOTE: Documentation of the physician's licensure in the other state must be submitted.**
- Osteopathic Physician.
- Podiatric Physician.
- Chiropractor.
- Optometrist (for sight only).
- Physician who practices medicine in a military medical facility, state hospital or federal prison. Indicate the facility and the address.
- Advanced Practice Registered Nurse licensed under Chapter 464, under the protocol of a licensed physician.
- Physician assistant licensed to practice under Chapter 458 or Chapter 459.

### **A LICENSE PLATE WILL BE ISSUED AND MUST BE RENEWED ANNUALLY.**

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