

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR A DISABLED, DISABLED VETERAN OR MOTORCYCLE

INTERNATIONAL WHEELCHAIR SYMBOL LICENSE PLATE

Please submit this form to your local tax collector office or license plate agency.

<https://www.flhsmv.gov/offices/>

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.

SECTION 1: OWNER / APPLICANT INFORMATION:

I certify that I am a legal resident of Florida residing at the address below and I am the registered owner or lessee of the motor vehicle described below.

Owner or Lessee's Name:

Date of Birth:

Street Address:

City:

State:

Zip:

Owner or Lessee's DL / ID Number:

Owner or Lessee Email Address:

SECTION 2: VEHICLE INFORMATION:

Vehicle Identification Number:

Year:

Make:

Color:

Body:

Current License Plate Number:

Florida Title 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 license plate ☐ Specialty License Plate (customer is responsible for all specialty license plate fees)

Signature: _____
(Disabled Person or Veteran)

Date: _____

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INTERNATIONAL WHEELCHAIR SYMBOL LICENSE PLATE

PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION
For Disabled Person to Obtain a Regular or Motorcycle 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).
- ☐ 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.
- ☐ The need to permanently use a wheelchair.
- ☐ Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for One (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.
- ☐ Use of portable oxygen.
- ☐ Restriction of 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.
- ☐ 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

Telephone Number

City

State

Zip Code

Certification or License Number **(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.

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**APPLICATION FOR A DISABLED, DISABLED VETERAN OR MOTORCYCLE
INTERNATIONAL WHEELCHAIR SYMBOL LICENSE PLATE**
CERTIFYING AUTHORITIES:

The “**Physician/Certifying Practitioner’s Statement of Certification**” section 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 license physician.
- Physician assistant licensed to practice under Chapter 458 or Chapter 459.

WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING VEHICLE TYPES:

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.

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 define 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 above 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
VEHICLE TYPES:**

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

A LICENSE WILL BE ISUSED AND MUST BE RENEWED ANNUALLY.