HOURS OF OPERATION: 8:00AM - 5:00PM M-F

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2) Upon renewal of a temporary placard, applicant must obtain another certification from a physic NAME: (LAST) (NAME) SOCIAL SECURITY NO: MAILING ADDRESS: (STRUCT NUMBURE? OBOX) ZIP CODE DATE OF BURTH: HEIGHT: WEIGHT: SEX: PHONE NO. 1. Do you have a current accessible parking placard? Yes No if yes, Placard No(s): Expination Date: Day on have a current accessible parking license plate? Yes No if yes, Placard No(s): Expination Date: Day with the current accessible parking license plate? Yes No if yes, Placard No(s): Expination Date: Day on have a current accessible parking license plate? Yes No if yes, Placard No(s): Expination Date: Day Despot have a current accessible parking license plate? Yes No if yes, Placard No(s): Expination Date: Day Despot have a current accessible parking license plate? Yes No if yes, Placard No(s): Expination Date: Day	1)	Applicants must p I.D., etc.)	rovide identificat	ion (Guar	n I.D., Na	turalizatio	on Certification,	Green Card, Firearms	
(LAST) (NAME) (INT) MAILING ADDRESS: (STREFT NUMBER.P.O.BOX) ZIP CODE DATE OF BIRTH:	2)		temporary placard,	applicant	t must obta	ain anothe	er certification fro	om a physician.	
MAILING ADDRESS: (STREET NUMBER/P.O.BOX) ZIP CODE DATE OF BIRTH:	NAME:					SOCIAL S	SECURITY NO.:		
CREET RUMBERPPO.BOX) ZIP CODE (STREET RUMBERPPO.BOX) ZIP CODE ACT OF BIRTH: HEIGHT: NEIGHT: SEX: PHONE NO. If yes, Placard No(s): Expiration Date: Sex No If yes, Placard No(s): Expiration Date: No If yes, License Plate Number: Expiration Date: No If yes, License Plate Number: Expiration Date: No If yes, License Plate Number: Expiration Date: Date No If yes, License Plate Number: Expiration Date: Date No If yes, License Plate Number: Expiration Date: DATE: DATE: DATE: PHYSICIAN'S CERTIFICATION Section 1. Purpose. The purposes of this act are to establish a uniform system for accessible parking for persons with disabilitie access and the safety of persons who have disabilities, which limit or impair the ability to walk, and to conform to the requirem Americans with Disabilities Act. Accessibility Guidelines as they apply to accessible parking. LOSS OF USE OF LOWER LIMBS (S): Condition: () Amputation () Birth Defect Special Equipment () Artificial Limb(s) () Braces () Muscular () Dother () Other () Popino () Other RESPIRATORY CONDITION: () District		,							
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Do you have a current accessible parking license plate? Yes_No_ If yes, License Plate Number: Expiration Date:	1.	Do you have a current acces	ssible parking placard?	Yes	_ No :	if yes, Placa	ard No(s):		
declare under penalty of perjury that the foregoing is true and correct. authorize the release of medical information to process this application. APPLICANT'S SIGNATURE:	2.	Do you have a current acces	ssible parking license p	plate?	Yes N	No If y	yes, License Plate N	umber:	
declare under penalty of perjury that the foregoing is true and correct. authorize the release of medical information to process this application. APPLICANT'S SIGNATURE:	3.	Expiration Date: Please check the appropriat	e box: [] Placard(s)) [] Lic	ense Plate				
APPLICANT'S SIGNATURE:						ct.			
PHYSICIAN'S CERTIFICATION Section 1. Purpose. The purposes of this act are to establish a uniform system for accessible parking for persons with disabilities (ceess and the safety of persons who have disabilities, which limit or impair the ability to walk, and to conform to the requirem Americans with Disabilities Act. Accessibility Guidelines as they apply to accessible parking. LOSS OF USE OF LOWER LIMBS (S): Condition: () Amputation () Birth Defect Special Equipment () Artificial Limb(s) () Braces () Multiple Sclerosis () Muscular () Canc(s) () Crutch () Paraplegic () Dystrophy () Walker () Wheel () Other () Polio () Other () Other () Polio () Other () Other () Polio ()		1 1 1		-					
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RESPIRATORY CONDITION: Is restricted by lung disease to such an extent that the person's forced (respiratory) expiatory volume for one second, we measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest. EYE(s) CONDITION: Has a central visual acuity that does not exceed 20/200 in the better eye, with corrective lens, as measured by the Snell visual activity greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field su ungle not greater than 20 degrees. HEART CONDITION CLASSIFICATION: (By the standards set by the American Heart Association) Class III						()	Cane(s) Walker	() Crutch (es) () Wheel Chair	
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Class III	EYE(s) [] visual ac	CONDITION: Has a central visual acuity to stivity greater than 20/200, b	that does not exceed 20	0/200 in the	better eye, v	with correcti	ive lens, as measure	d by the Snellen Test, or	
cannot walk two hundred feet (200') without stopping to rest due to): Arthritic			. •	ındards set l	by the Amer	ican Heart A	Association)		
I, the undersigned, being duly licensed to practice in Guam, certify under the penalties of perjury that I am personally aware of impaired mobility of the person identified in this application as indicated above. It is my professional opinion that this applicant qualify for the issuance of the special Parking Placard having a condition due to the significant physical mobility limitations and safety of the applicant. [] APPROVED-PERMANENT DISABILITY [] APPROVED-(TEMPORARY DISABILITY) NOT TO EXCEED SIX (6) MONTHS [] DISAPPROVED (MOBILITY IS NOT AFFECTED BY CONDITIONS(S): Physician's Signature Print Name Clinic Address/Telephone FOR OFFICIAL USE BY DEPARTMENT OF REVENUE AND TAXATION VEHICLE REGISTRATION BRANCH [] NEW [] RENEWAL [] REPL.PLACARD NO EXP. DATE: PREVIOUS PLACARD NO	(cannot	walk two hundred feet (200') without stopping to r	est due to):					
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APPROVED-(TEMPORARY DISABILITY) NOT TO EXCEED SIX (6) MONTHS DISAPPROVED (MOBILITY IS NOT AFFECTED BY CONDITIONS(S): Physician's Signature Print Name Clinic Address/Telephone FOR OFFICIAL USE BY DEPARTMENT OF REVENUE AND TAXATION VEHICLE REGISTRATION BRANCH [] NEW [] RENEWAL [] REPL.PLACARD NO EXP. DATE: PREVIOUS PLACARD NO	impaired qualify f	I mobility of the person iden for the issuance of the special	tified in this applicatio	n as indicat	ed above. It	is my profe	essional opinion that	t this applicant should	
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