



APPLICATION FOR ACCESSIBLE PARKING PLACARD



DEPARTMENT OF REVENUE AND TAXATION VEHICLE REGISTRATION BRANCH

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

- 1) **Applicants must provide identification** (Guam I.D., Naturalization Certification, Green Card, Firearms I.D., etc.)
- 2) Upon renewal of a temporary placard, applicant must obtain another certification from a physician.

NAME: _____ SOCIAL SECURITY NO.: _____
(LAST) (NAME) (INT.)

MAILING ADDRESS: _____
(STREET NUMBER/P.O.BOX) ZIP CODE

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____ PHONE NO.: _____

1. Do you have a current accessible parking placard? Yes____ No ____ if yes, Placard No(s): _____
Expiration Date: _____
2. Do you have a current accessible parking license plate Yes____ No ____ If yes, License Plate Number: _____
Expiration Date: _____
3. Please check the appropriate box: [] Placard(s) [] License Plate

I declare under penalty of perjury that the foregoing is true and correct.
I authorize the release of medical information to process this application.

APPLICANT’S SIGNATURE: _____ **DATE:** _____

Privacy Act Notice: the furnishing of your social security number is required pursuant to Section 3101, Title 16. Guam Code Annotated and Section 405(c)(1)(C), Title 42 United States Code. We need this information for the purpose of administering the Vehicle Code of Guam

PHYSICIAN’S CERTIFICATION

Section 1. Purpose. The purposes of this act are to establish a uniform system for accessible parking for persons with disabilities to enhance access and the safety of persons who have disabilities, which limit or impair the ability to walk, and to conform to the requirements of the 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 () Cane(s) () Crutch(es)
() Paraplegic () Dystrophy () Walker () Wheel Chair
() Other _____ () Polio () Other _____

RESPIRATORY CONDITION:

[] Is restricted by lung disease to such an extent that the person’s forced (respiratory) expiatory volume for one second, when 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 Snellen Test, or visual activity greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.

HEART CONDITION CLASSIFICATION: (By the standards set by the American Heart Association)

[] Class III [] Class IV

OTHER DIAGNOSES DISEASED OR DISORDER, WHICH CREATES A SEVERE WALKING MOBILITY LIMITATION

(cannot walk two hundred feet (200’) without stopping to rest due to):

[] Arthritic [] Neurological [] Orthopedic [] Other _____

Does the disability affect the applicants ability to operate or limit the driving a motor vehicle _____

I, the undersigned, being duly licensed to practice in Guam, certify under the penalties of perjury that I am personally aware of the degree of impaired mobility of the person identified in this application as indicated above. It is my professional opinion that this applicant should qualify for the issuance of the special Parking Placard having a condition due to the significant physical mobility limitations and/or for the safety of the applicant.

- [] **APPROVED-PERMANENT DISABILITY**
- [] **APPROVED-(TEMPORARY DISABILITY) NOT TO EXCEED TWEELEVE (12) MONTHS**
- [] **DISAPPROVED (MOBILITY IS NOT AFFECTED BY CONDITIONS(S):** _____

Physician’s Signature

Print Name

Clinic Stamp Required

Address/Telephone

FOR OFFICIAL USE BY DEPARTMENT OF REVENUE AND TAXATION
VEHICLE REGISTRATION BRANCH

[] NEW [] RENEWAL [] REPL.PLACARD NO. _____ EXP. DATE: _____ PREVIOUS PLACARD NO. _____