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DISABLED PERSONS LICENSE PLATES AND/OR PLACARDS APPLICATION
NRS 482.384

First time applications for Disabled Persons license plates, motorcycle or moped license plates must be made in person. In order to apply for disabled persons license plates or disabled motorcycle stickers your name must appear on the vehicle certificate of registration and provide your current Nevada evidence of insurance.

You may select either license plates and one (1) placard, or two (2) placards. If applying for license plates you must go to your local DMV and provide your current Nevada evidence of insurance.

- Disabled License Plates (permanent disability only)
Disabled Motorcycle Plate (permanent disability only)
Disabled Moped Plate (permanent disability only)
Disabled Placard(s) (no fee for placards)
Disabled Motorcycle Sticker (moderate or temporary)
Disabled Moped Sticker (moderate or temporary)

Please Print or Type

Full Legal Name (Disabled Person)
Nevada Driver's License or Identification Card Number
Physical Address
Mailing Address
County of Residence Telephone No E-Mail Address
Signature of Applicant Date

A LICENSED PHYSICIAN MUST COMPLETE THIS PORTION\*

As a Physician for the above-named patient, I hereby certify that the applicant:

- Cannot walk two hundred feet without stopping to rest.
Cannot walk without the use of a brace, cane, crutch, wheelchair or prosthetic, or other assistive device, or another person.
Has a cardiac condition to the extent that functional limitations are classified as Class III or Class IV according to standards adopted by the American Heart Association.
Is restricted by a lung disease to such an extent that the person's forced expiratory volume for 1 second, when measured by a spirometer, is less than 1 liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air while the person is at rest.
Is severely limited in his/her ability to walk because of an arthritic, neurological, or orthopedic condition.
Has a visual disability.
Uses portable oxygen.

I further certify that my patient's condition is a:

- Temporary Disability (6 months or less) must indicate length of time not to exceed 6 months beginning and ending
Moderate Disability (reversible but disabled longer than 6 months) Must indicate length of time not to exceed 2 years beginning and ending
Permanent Disability (irreversible, permanently disabled in his/her ability to walk, certification is valid indefinitely).

Please print or type and complete in full:

Physician's Name Physician's License No.
Mailing Address Telephone No.

Physician's Signature Date