

# Mississippi Disabled Parking Application

(Section 27-19-56, MS Code of 1972)

## Section 1 Certification to be Completed by Licensed Physician or Nurse Practitioner

I do hereby certify that \_\_\_\_\_ has the following condition.  
Printed Name of Disabled Person

- Cannot Walk 200 Feet Without Stopping to Rest; or
- Cannot Walk Without the Use of an Assistive Device; or
- Is Restricted to Lung Disease to Such an Extent that the Person's Forced Expiratory Volume for one(1) Second, when Measured by Spirometry, is Less than One (1) Liter, or the Arterial Oxygen Tension is Less than Sixty (60) MM/HG on Room Air at Rest; or
- Uses Portable Oxygen; or
- Has a 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; or
- Is Severely Limited in His/Her Ability to Walk Due to an Arthritic, Neurological, or Orthopedic Condition.

\_\_\_\_\_  
Printed Name of Physician or Nurse Practitioner

Disability Should Not Extend Beyond

\_\_\_\_\_  
Signature of Physician or Nurse Practitioner

\_\_\_\_\_/\_\_\_\_\_  
Month Year

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## Section 2 Application to Be Completed by Tax Collector

Application is hereby made for:

Expiration Date

- Permanent Parking Placard
- Disabled License Tag

\_\_\_\_\_/\_\_\_\_\_  
Month Year

\_\_\_\_\_  
Tag Number

\_\_\_\_\_  
Title Number

\_\_\_\_\_  
Registrant's Name

- Temporary Parking Placard (valid for not over six months)

\_\_\_\_\_  
Signature of Tax Collector or Deputy

\_\_\_\_\_  
Date

## Section 3 To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a disabled parking permit and/or disabled license plate on the condition that I will comply in all respects with the applicable Mississippi Laws and the rules and regulations hereunder.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date