Mississippi
Disabled Parking Application
(Section 27-19-56, MS Code of 1972)

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

I do hereby certify that _____________________________________________________________

Printed Name of Disabled Person ____________________________________________________

Address

City

State

Zip

has the following condition:

☐ Cannot walk 200 feet without stopping to rest; or

☐ Cannot walk without the use of an assistive device; or

☐ Is restricted by lung disease to such an extent that the person's forced (respiratory) 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

☐ Use 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 their ability to walk due to an arthritic, neurological, or orthopedic
condition.

Printed Name of Physician, Physician Assistant or Nurse Practitioner ________________________________

Signature of Physician, Physician Assistant or Nurse Practitioner ________________________________

Date ________________________________ Phone Number ________________________________

Section 2 Application to Be Completed by Tax Collector

Application is hereby made for:

☐ Permanent Parking Placard

☐ Disabled License Tag

Expiration Date ___________ / ___________ Year

Tag Number __________________________ Title Number __________________________

Registrait's Name __________________________

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

Applicant is ☐ Child ☐ Parent or ☐ Spouse living with vehicle owner.

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 __________________________