

<p><b>Please mark one:</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal – Previous Permit # _____</p> <p><input type="checkbox"/> Second Permit – Current Permit# _____</p> <p><input type="checkbox"/> Replacement (lost/damaged) - Permit # _____</p>	<p><b>Please mark one:</b></p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> <b>Temporary – Limited mobility expected to be temporary.</b></p> <p><input type="checkbox"/> Vehicle – License Plate # _____</p>
--	--

*(Please PRINT)*

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Last                                  First                                  Middle Initial                                  Month/Day/Year

**Address:** \_\_\_\_\_

Street, Route, PO Box                                  City                                  State                                  Zip

**Male**     **Female**     **Phone Number:** (\_\_\_\_) \_\_\_\_\_

I am aware of my rights, duties and responsibilities regarding the use and possession of a handicapped parking permit and the penalties provided by law for handicapped parking infractions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### MEDICAL CERTIFICATE

**THIS CERTIFICATION MUST BE COMPLETED BY A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER**

The applicant named above has the following medical condition:

- Visual impairment which limits personal mobility resulting in an inability to travel more than two hundred (200) feet without stopping or without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Physical impairment which limits personal mobility resulting in an inability to travel more than two hundred (200) feet without stopping or without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Neurological impairment which limits personal mobility resulting in an inability to travel more than two hundred (200) feet without stopping or without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Respiratory problems which limit personal mobility.
- A cardiac condition to extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association.
- Permanent loss of all, or substantially all, the use of one or more limbs.

---

**Applications for a TEMPORARY PERMIT:**                                   3 Months                                   6 Months

---

*(Please PRINT)* (This section must be completed in full before the application can be processed)

I certify that the applicant above meets the medical criteria established for the issuance of a handicapped parking permit.

**Certifier's Name** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Name of Medical Practice** \_\_\_\_\_

**Address** \_\_\_\_\_

Street, PO Box, Suite Number                                  City                                  State                                  Zip

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR ISSUING SITE USE ONLY**

**Specify Issuing Site** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Proof of Identity Submitted** \_\_\_\_\_ **Verifier's Signature** \_\_\_\_\_

## PROPER USE OF A HANDICAPPED PARKING PERMIT

The permit issued from this application is not transferable, is to be used by the party to whom it is issued or for the motor vehicle for which it is issued, cannot be altered or reproduced and is to be used only when a handicapped or disabled person or a temporarily handicapped or disabled person will enter or exit the motor vehicle while it is parked in a designated parking space. **Those convicted of a handicapped parking infraction shall be subject to suspension of the permit for six (6) months and possible fines.**

### APPLICATION INSTRUCTIONS

(No more than two (2) permits will be issued to a handicapped individual.)

#### INITIAL APPLICATION

To obtain a handicapped parking permit your Nebraska licensed medical professional (physician, physician assistant or nurse practitioner) may submit your request for a new or renewal permit through the Online Handicap Parking Permit service available at <https://dmv.nebraska.gov/services>.

If your medical professional is not licensed to provide medical services in Nebraska, a paper application will be necessary. The application must be submitted to your medical professional for completion of the Medical Certification portion and then mailed, along with a photocopy of acceptable proof of identification to the address indicated below.

Nebraska Department of Motor Vehicles  
Driver and Vehicle Records Division  
Attn: Handicapped Parking Permits  
PO Box 94789  
Lincoln, NE 68509-4789

#### ACCEPTABLE PROOF OF ID

- valid driver's license;
- valid state identification card;
- valid certified birth certificate;
- valid passport;
- other valid, reliable form of identification containing date of birth, or;
- a combination of valid, reliable forms containing date of birth.

Once an application is processed the permit is mailed to the applicant by the Department of Motor Vehicles.

**Permanent Permit** – issued to persons with a handicap or disability determined by their medical professional to be a permanent medical condition. **Expiration of a permanent permit is on the last day of the month of the applicant's birthday in the sixth (6<sup>th</sup>) year following issuance.**

**Temporary Permit** – issued to persons with a handicap or disability expected by their medical professional to limit their mobility no longer than one (1) year. **Expiration of a temporary permit is determined by the recovery date indicated by the medical professional. Permits are issued for three (3) or six (6) months.**

#### RENEWAL APPLICATION

**Permanent** permits may be renewed by following the same procedure as with initial application. Applications for renewal of a permanent permit may be submitted one hundred and eighty (180) days prior to expiration. However, permanent renewal permits will not be mailed until ten (10) days prior to the expiration of the previous permit.

**Temporary** permits may be renewed by following the same procedure as with initial application. Application for renewal may be submitted anytime within the month of expiration. However, temporary renewal permits will not be mailed until ten (10) days prior to the expiration of the previous permit. Temporary permits may be renewed one time only.

#### SECOND PERMIT

Permit holders with one valid permit may request a second permit online at <https://dmv.nebraska.gov/services> using the Personal Identification Number (PIN) appearing on the Permit ID Card. Permit holders may also request a Replacement by completing the top portion of the application, checking the box indicating Second Permit and submitting the application to the Department of Motor Vehicles along with acceptable proof of identification.

#### REPLACEMENT PERMITS

When a valid permit has been lost or stolen a Replacement permit may be requested online at <https://dmv.nebraska.gov/services> using the Personal Identification Number (PIN) appearing on the Permit ID Card. Permit holders may also request a Replacement by completing the top portion of the application, checking the box indicating Replacement and submitting the application to the Department of Motor Vehicles along with acceptable proof of identification. Handicapped individuals are limited to two (2) replacements. If the second permit is lost or stolen a new application with medical certification is required.