

**STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES**

APPLICATION FOR SPECIAL DAV-HP LICENSE PLATES

www.dmv.de.gov

Registration # _____ MFG. & Year _____

Disabled Veteran's Plate Number Assigned: _____

Serial No.: _____ Date of Application: _____

Name: _____ Telephone Number: _____

Address: _____

Signature of Applicant

I am applying for a special "Disabled Veteran Handicap" license plate. I hereby certify that I am a disabled veteran, having sustained a disabling injury in:

Operation Iraqi Freedom Desert Storm Other: _____

Operation Enduring Freedom Vietnam Conflict

A copy of the eligibility certification from the Regional Veterans Administration Office must be submitted with the application and will be retained by the Division of Motor Vehicles. **No other information will be accepted.**

I understand that the special disabled veteran handicap license plate is to be displayed only on the rear of the vehicle described above. (If you trade vehicles, your registration card showing the DAV plate must be presented to the Division of Motor Vehicles so a new card can be issued.)

Fee of \$10.00 must accompany this application. Application and documentation may be presented at any DMV office. This is a one-time charge only. However, you must still continue to have your vehicle inspected and pay your registration fee each year.

Plate may be issued only on cars, station wagons, vans and trucks with three-fourth ton or smaller manufacturer's rated capacity.

Copy of certification letter from Veterans Administration attached.

Note: The second part of this application must also be filled out to permit special parking in handicapped zones.

PART 2:

APPLICATION FOR DAV-HP LICENSE PLATE WITH SPECIAL PARKING

***NOTE: DISABLED VETERANS WHO ARE 85 YEARS OF AGE OR OLDER ONLY NEED TO SHOW PROOF OF AGE TO OBTAIN A DAV-HP PLATE. DATE OF BIRTH: _____

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR PHYSICIAN:

Eligibility, by law, for a long-term plate or placard is restricted to permanent disabilities with no prognosis for improvement. (NO OTHER PERSON IS ELIGIBLE FOR A LICENSE PLATE OR PLACARD) A physician must certify this application. Applicant must meet one of the following requirements with **no prognosis for improvement**:

- 1. Cannot walk 200 feet without stopping to rest.
- 2. Cannot walk safely without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
- 3. Is restricted by lung disease to such an extent that the applicant's or household member's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest.
- 4. Uses portable oxygen.
- 5. Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
- 6. Is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.

*****PHYSICIAN MUST PROVIDE HIS OR HER CERTIFICATION BELOW.**

I certify, under penalty of law, that the above information concerning the applicant is true and correct, and that the applicant or household member meets the requirements specified above for the long-term special license plate/parking ID placard or temporary special parking ID placard.

Date: _____ Signature of Physician: _____ License # _____

PRINT NAME, ADDRESS AND TELEPHONE NUMBER OF LICENSED PHYSICIAN:

_____ (Physician's Name)	_____ (Verification Telephone Number)
_____ (Street Address or P.O. Box)	
_____ (City, State and Zip)	_____ (Verification Contact Name)

I certify, under penalty of law, that the above information is true and correct. I also understand that false representation by me can lead to penalties as provided by law as follows: Any person who is not disabled, as defined above, and who intentionally and falsely represents that such person has the qualifications to obtain such a special license plate or parking ID placard in an attempt to obtain such plate or placard shall for the first offense be fined \$100. For each subsequent like offense, the person shall be fined \$200 or imprisoned not less than 10 or more than 30 days, or both.

NOTE: I understand the special license plate must be returned when no longer needed.

Signature of Applicant: _____ Date: _____
Approved: _____
Name of DMV Specialist