



| DMV USE ONLY                                |      |
|---|------|
| VERIFICATION OF PROOF OF LEGAL NAME AND DOB |      |
| TECH ID                                     | DATE |
|   |      |

## CERTIFICATION FOR DISABLED VETERANS LICENSE PLATES

*California Vehicle Code (CVC) §§5007, 9105*

**IMPORTANT: Applicants must provide a copy of acceptable proof of their true full name and date of birth.**

**Applicants must submit the required medical certification or documentation (see the other side), which certifies they meet the definition of a disabled veteran under CVC §295.7.**

**Note: Disabled veteran plates must be surrendered to the DMV within 60 days of the death of the veteran, or by December 31 of the same year whichever date is soonest (CVC §§5007, 22511.55).**

### SECTION 1 — APPLICANT INFORMATION (Enclosed Proof of Legal Name/Date of Birth, CVC §5007)

|  |                               |                          |
|--|-------------------------------|--------------------------|
| LICENSE PLATE  | VEHICLE IDENTIFICATION NUMBER | YEAR/MAKE                |
|  |                               |                          |
| TRUE FULL NAME (LAST, FIRST, MIDDLE)                 |                               | DATE OF BIRTH (MMDDYYYY) |
|  |                               |                          |
| MAILING ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)  |                               | APT./SPACE/STE. NO.      |
|  |                               |                          |
| CITY   | COUNTY                        | STATE ZIP CODE           |
|  |                               |                          |
| PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.) |                               | APT./SPACE/STE. NO.      |
|  |                               |                          |
| CITY   | COUNTY                        | STATE ZIP CODE           |
|  |                               |                          |

I meet the definition of a “disabled veteran” as defined under CVC §295.7, whom, as a result of injury or disease suffered while on active service with the armed forces of the United States, suffer from the following service-connected disability (Check appropriate box(es):

- I have a disability which has been rated at 100% by the United States Department of Veterans Affairs, due to disease or disorder which substantially impairs or interferes with my mobility.
- I am so severely disabled as to be unable to move without the aid of an assistant device.
- I have, or have lost the use of one or more limbs.
- I have suffered permanent blindness, as defined in Section 19153 of the *Welfare and Institutions Code*.

### SECTION 2 — APPLICANT CERTIFICATION (CVC §§9105, 4461, 22511.55, 22511.56, 22511.57)

I certified that I am a Disabled Veteran (DV). I understand that I must be the driver or a passenger in the vehicle to be eligible for the disabled person parking privileges. I agree that this vehicle will not be used for transportation for hire, compensation, or profit. I understand that if this vehicle is a commercial vehicle, the unladen (empty) weight must be less than 8,001 pounds. I also understand that if the vehicle is sold or transferred, I can remove the plates and reassign them to another vehicle, retain them for further use, or surrender the plates to DMV.

Pursuant to CVC §9105, exempt registration cannot be extended to more than one vehicle owned by a Disabled Veteran, a Former American-Prisoner of War (POW), or a Congressional Medal of Honor recipient. I certified that I do NOT have exempt registration on any other vehicle that I own.

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

|               |                  |
|---------------|------------------|
| SIGNATURE     | DATE             |
| <b>X</b>      |                  |
| EMAIL ADDRESS | TELEPHONE NUMBER |
|               | (   )            |



**SECTION 3 — REQUIREMENTS FOR DISABLED VETERAN LICENSE PLATES**

**INSTRUCTIONS: In order to qualify for exempt registration benefits for one vehicle and Disabled Veteran License Plates, an eligible disabled veteran must submit the following to the Department of Motor Vehicles:**

- 1) A copy of proof of true full name and date of birth. A valid driver license (DL) or identification (ID) card is acceptable, as is any document necessary to apply for a California DL or ID card.
- 2) One of the following required documentation:
  - a) The medical certification below, completed and signed by one of the medical professionals indicated.
  - b) A certification completed and signed by a County Veterans Service Officer that certifies the applicant is a disabled veteran as described in *California Vehicle Code (CVC) §295.7*.
  - c) A certification completed and signed by an authorized representative of the Department of Veterans Affairs (CalVet) that certifies the applicant is a disabled veteran as described in CVC §295.7.
  - d) A certification completed and signed by an authorized representative of the United States Department of Veterans Affairs that certifies the applicant is a disabled veteran as described in CVC §295.7.

**Submit all required documentation by mail to DMV at:**

**Department of Motor Vehicles  
Special Processing Unit, MS D238  
P.O. Box 932345  
Sacramento, CA 94232-0001**

**SECTION 4 — MEDICAL CERTIFICATION FOR DISABLED VETERAN LICENSE PLATES**

This is to certify that \_\_\_\_\_ is a disabled veteran as defined in CVC §295.7 and as a result of injury or disease suffered while on active service with the armed forces of the United States, suffers from the following disability(s) - Check appropriate box(es):

VETERAN'S NAME

- Has a *disability which has been rated at 100%* by the United States Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility.
- Is so severely disabled as to be unable to move without the aid of an assistant device.
- Has lost, or has lost use of, one or more limbs.
- Has suffered permanent blindness, as defined in §19153 of the *Welfare and Institutions Code*.

I certify that I, \_\_\_\_\_, am a (check one)

DOCTOR/PRACTITIONER'S NAME

- Physician
- Surgeon
- Chiropractor
- Podiatrist
- Optometrist
- Physician Assistant
- Nurse Practitioner
- Certified Nurse-Midwife

***I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I further certify that information sufficient to substantiate this certification shall be retained and made available for inspection by the Medical Board of California or the appropriate regulatory board at the department's request. (CVC §5007).***

|  |  |                        |       |
|--|--|------------------------|-------|
| EXECUTED AT (CITY/STATE)               |  | DATE                   |       |
| MEDICAL PROVIDER SIGNATURE<br><b>X</b> |  | MEDICAL LICENSE NUMBER |       |
| MEDICAL PROVIDER ADDRESS               |  | CITY                   | STATE |
|  |  | ZIP CODE               |       |



## PRIVACY NOTICE ON COLLECTION

- DMV is authorized to collect personal information under *California Vehicle Code (CVC)* §§295.5, 4461, 4463, 5007, 9410, 22511.5, 22511.5, 22511.56, 22511.57, 22511.6 and Title 13, Articles (ART) 3.0, §§159.10, 182.00, 182.01, 182.02, 182.03, 182.04.
- DMV collection of personal information is governed by: *California Information Practices Act*, *Civil Code* §1798 et seq; *Government Code (GC)* §11015.5; *California Public Records Act* GC §6250 et seq.; *California Vehicle Code* §1808; *Driver's Privacy Protection Act* (18 *United States Code* §§2721-2725).
- The information collected will not be shared unless required or allowed by law.
- Submission is mandatory for each information item on this form.
- DMV uses this information to process disabled person placards or plates.
- Failure to provide mandatory information may result in rejection of disabled person parking placard application.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 1st Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340

