

**STATE OF ARKANSAS  
 VEHICLE OWNER'S APPLICATION FOR ISSUANCE OF VAN ACCESSIBLE DECAL  
 PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION**

<b>TO BE COMPLETED BY A PHYSICIAN</b>	
Name of Physician or Advanced Registered Nurse (Print of Type):	
Medical License Number:	
Address	
City, State, Zip	
I hereby certify that the applicant below has limited or no use of his or her legs.	
Signature Authority:	Date:

<b>TO BE COMPLETED BY APPLICANT</b>				
<p>Vehicles qualified to display special decal are as follows: Passenger Vehicles, 1 ton trucks and vans as rated by the manufacturer which are used only for personal transportation, light trucks and vans ½ and ¾ ton as rated by the manufacturer.</p> <p>Please indicate where the special decal will be affixed by checking the appropriate Box:</p>				
<input type="checkbox"/> Placard Only	<input type="checkbox"/> Plate Only	<input type="checkbox"/> Plate and Placard		
<small>(Vehicle Description not applicable)</small>	<small>(Complete Vehicle Description)</small>	<small>(Complete Vehicle Description)</small>		
<b>VEHICLE DESCRIPTION</b>				
License No	VIN	YEAR	MAKE	MODEL
<p>I hereby certify that as the occupant of the above described vehicle, I am qualified to display the special decal authorized under Arkansas Code 27-15-302, which states that a designated special decal to be affixed to a special license plate, special certificate, or temporary special certificate and displayed on a vehicle that is used to transport a person who has limited or no use of his or her legs; and used to transport a wheelchair, a three-wheeled or four-wheeled scooter, a four-wheeled walker with a seat, or a similar device.</p>				
Applicant's Printed Name:				
Applicant's Signature:			Date:	
Guardians Name and Signature (if applicable):				
Applicant's Address				
City, State, Zip				

<b>REVENUE OFFICE USE ONLY:</b>	<b>Special Van Accessible Decal Number</b>
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