



Minnesota State Council  
On Disability

### Disability License Plates - Request for 2<sup>nd</sup> Set

Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DL #: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vehicle Description:

Year and Make \_\_\_\_\_ Current License Plate # \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

In order to process your application for a second set of disability license plates:

Please answer the following questions:

What is the reason for applying for a second set of disability plates?

\_\_\_\_\_  
\_\_\_\_\_

Why do you feel your needs are not being met with one disability plate and one parking certificate?

\_\_\_\_\_  
\_\_\_\_\_

Is the vehicle modified for your disability? No \_\_\_\_\_ Yes \_\_\_\_\_

The Minnesota State Legislature, the Department of Public Safety and the Minnesota State Council on Disability are very concerned about disability parking abuse. Once identified with disability license plates, how do you plan to control the use of your second vehicle to avoid abuse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_