



**APPLICATION FOR DISABILITY LICENSE PLATE**  
 North Carolina Division of Motor Vehicles  
 3148 Mail Service Center, Raleigh, NC 27697-3148  
[www.ncdot.gov/dmv](http://www.ncdot.gov/dmv)

APPLICATION INSTRUCTIONS				
1. Applicant must complete and sign only the applicant section. - Guardian/Parent may sign for handicapped or disabled person. - If signing with a Power of Attorney, a certified copy must be attached or shown at the time of issuance. 2. Medical provider must complete and sign the medical provider's section if applicable or present documentation from the U.S. Department of Veterans Affairs. 3. Application and fee can be taken to your local License Plate Agency or mailed to the address above with a check or money order made payable to NCDMV. 4. <b>Medical recertification is required every five years when certification is made by a guardian or parent.</b>				
APPLICANT SECTION				
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER
APPLICANT'S NC DRIVER LICENSE / ID NUMBER			APPLICANT'S/ORGANIZATION'S PRINTED NAME	
STREET ADDRESS				
CITY			STATE	ZIP CODE COUNTY
MAILING ADDRESS IF DIFFERENT FROM ABOVE			PHONE NUMBER	
SIGNATURE OF APPLICANT			APPLICANT'S/ORGANIZATION REPRESENTATIVE'S SIGNATURE	
GUARDIAN OR PARENT SECTION				
I certify that I am the registered owner of the vehicle and also, the guardian or parent of a handicapped person. G.S. 20-37.6(b)				
SIGNATURE OF GUARDIAN OR PARENT			PRINTED NAME OF GUARDIAN OR PARENT	
MEDICAL PROVIDER'S SECTION				
Disability license plates are governed by the Motor Vehicle Laws of North Carolina General Statute Chapter 20, Article 2A. Afflicted, Disabled or Handicapped Persons. G. S. 20-37.5 Definitions (2) "Handicapped" shall mean a person with a mobility impairment who, as determined by a licensed medical provider:				
<ul style="list-style-type: none"> <li>• Cannot walk 200 feet without stopping to rest;</li> <li>• Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;</li> <li>• Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume of one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest;</li> <li>• Uses portable oxygen;</li> <li>• Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;</li> <li>• Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;</li> <li>• Is totally blind or whose vision with glasses is so defective as to prevent the performance of ordinary activity for which eyesight is essential, as certified by a licensed ophthalmologist, optometrist, or the Division of Services for the Blind.</li> </ul>				
The medical provider certifies that the applicant qualifies for a disability license plate based on one of the conditions listed above.				
Medical certification and recertification requirements for a disability license plate must be satisfied by the certification of a licensed physician, a licensed ophthalmologist, a licensed optometrist, a licensed physician assistant, a licensed nurse practitioner, or the Division of Services for the Blind or by a disability determination by the United States Department of Veterans Affairs that the applicant is handicapped.				
MEDICAL PROVIDER'S SIGNATURE			MEDICAL PROVIDER'S PRINTED NAME	
MEDICAL PROVIDER'S ADDRESS				
STREET ADDRESS				
CITY			STATE	ZIP CODE COUNTY
MEDICAL PROVIDER'S PHONE NUMBER			MEDICAL PROVIDER'S LICENSE NUMBER	
PATIENT'S PRINTED NAME			DATE	