

Motor Vehicle

Disability Services

First time and Certification year:

Parking Privileges Application - DR 2219 (attached): Completed and verified in writing by a medical professional; have the state identification section completed, signed by a witness; and signed by applicant on first and last page.

Self Certification Renewal:

Persons with Disabilities Placard Renewal Notice: Page 2 (backside of document) of the form needs to be filled out in its entirety including witness signature.

Persons with Disabilities - Disability Placard

Option 1: Can be used for first time issuance and renewal

mydmv.colorado.gov ➡ Vehicle Services ➡ Placard services

Option 2: Can be used for first time issuance and renewal

- Paperwork Cover Sheet (attached)
 - Completed in its entirety
 - Parking Privileges Application (attached)
- OR
- Persons with Disabilities Placard Renewal

Persons with Disabilities - License Plate:

Option 1: Can be used for renewal

mydmv.colorado.gov ➡ Vehicle Services ➡ Renew a vehicle registration

Option 2: Can be used for first time and renewal

- Paperwork Cover Sheet (attached)
 - Completed in its entirety
 - DR 2219 Parking Privileges Application (attached)
- OR
- Persons with Disabilities Placard Renewal
- AND
- See appropriate instructions for your vehicle purchase

Drop off paperwork in an envelope with your name on the front at one of our three locations:

- 9350 Heritage Hills Cir. Lone Tree, CO 80124
- 2223 W Wildcat Reserve Pkwy #G-1 Highlands Ranch, CO 80129
- 301 Wilcox St Castle Rock, CO 80104

Paperwork Cover Sheet

A Motor Vehicle Specialist will contact you if necessary.

Full Name: _____ **Today's Date:** _____

Phone Number(s): _____ **Address:** _____

Email Address: _____ **Vehicle Plate Number:** _____

Vehicle ID Number (VIN): _____ **Vehicle Title Number:** _____

If applicable, select from the options below:

- Reuse plates and credit _____ (plate#)
- New plates, no credit
- New plates, need credit from _____ (plate #)
- Plate Type Selection: Regular Other _____ (Certain plate types have additional requirements, fees)

What service do you need to complete?

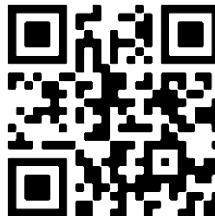
- Registration Renewal (Complete online at mydmv.colorado.gov)
- Disability Services (Placards/Plates) (Complete online at mydmv.colorado.gov)
- Private Party Purchase
- Colorado Dealer Purchase (Complete online at mydmv.colorado.gov)
- Out of State Dealer Purchase
- New Colorado Resident Vehicle Registration
- Title Only Transaction – Duplicate Title, Lien Release, Name Change, Add/remove Name from Title
- Driver's License Transaction (Castle Rock location only)
- Other Reason: _____

For all transactions: The back of this sheet must be completed, signed, and witnessed



Before you drop your paperwork in the box:

Visit DouglasDrives.com or scan for list of required documents:



For internal Douglas County office use only:

<input type="checkbox"/> Hold for Payment	<input type="checkbox"/> Hold for Documents:			<input type="checkbox"/> Rejected
<input type="checkbox"/> Copy of ID Provided <input type="checkbox"/> Current Insurance Verified <input type="checkbox"/> DR 2482 SVID Included				
	Phone Call	Voicemail	Email	Letter
Contact #1 Date/Time				
Contact #2 Date/Time				
Contact #3 Date/Time				
<input type="checkbox"/> Appointment	<input type="checkbox"/> Pick Up	Date:	Time:	Office:

Notes:

SUPPLEMENTAL SECURE AND VERIFIABLE IDENTIFICATION INFORMATION AND ATTESTATION CLAUSE

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

This form may be used as an attachment to existing forms inventory which does not contain the secure and verifiable identification information or attestation. Please attach this completed form to the document(s) being presented for Title and/or Registration.

SECURE AND VERIFIABLE IDENTIFICATION OF		
Name as it Appears on Identification		
Agency (If Applicable)		
Identification Information (for acceptable forms of ID please see form DR 2841)		
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____		
ID #	Expires	DOB
This section to be used with DR 2219 Persons with Disabilities Parking Privileges Application. Identification shown above belongs to:		
<input type="checkbox"/> Individual (Placard holder) <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Business		
* Affidavit of one in the same is required if the name on ID differs in any way from name on title assignment.		
* _____ _____ and _____ ARE ONE IN THE SAME <input type="checkbox"/> PERSON <input type="checkbox"/> COMPANY		
I, certify under penalty of perjury in the second degree, that the above statements are true and accurate to the best of my knowledge.		
Signature		
The undersigned witness affirms that the identification described above was presented to me.		
Witness Printed Name		
Witness Signature	Date	

Parking Privileges Application

Persons With Disabilities must meet one of the criteria below and have it verified in writing by a medical professional*:

- 1. Mobility:** Persons who cannot walk two-hundred feet without stopping to rest.
- 2. Assisted Mobility:** Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
- 3. Respiratory:** Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.
- 4. Oxygen:** Persons who use portable oxygen.
- 5. Cardiac:** Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.
- 6. Other:** Persons who are **severely limited** in their ability to walk due to an arthritic, neurological, or orthopedic condition.

- * **Professional** – licensed professionals from Colorado and bordering states:
- Physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S.,
 - Commissioned Medical Officer of the U.S. Armed Forces, the U.S. Public Health Service, and/or the U.S. Veterans Administration.

- Advance Practice Nurse registered pursuant to section 12-38-111.5, C.R.S.
- Physician Assistant licensed pursuant to section 2-36-107.4, C.R.S.
- Podiatrist licensed under article 32 of title 12, C.R.S.
- Additional professionals for the Short Term Placard only.
- Chiropractor licensed under article 32 of title 12, C.R.S.
- Physical Therapist licensed under article 32 of title 12, C.R.S.

Impairments are defined as follows:

- **Permanent:** A condition that is not expected to change within a person's lifetime, given the current state of medical or adaptive technology.
- **Extended:** A condition that is not expected to change within thirty months after the issuance of an identifying figure, given the current state of medical or adaptive technology.
- **Temporary:** A condition that is expected to last less than thirty months after the issuance of an identifying plate or placard, given the current state of medical or adaptive technology.
- **Short Term:** A condition that is not expected to last more than 90 days after the issuance of a placard.
- **Remuneration-exempt disability** means a disability that limits an individual's: (i) fine motor control in both hands; (ii) ability to reach a height of forty-eight inches from the ground due to lack of strength or mobility in the individual's finger, hand, or upper extremity; or (iii) ability to reach or access a parking meter due to the use of a wheelchair or other ambulatory device.

Options Available:

1. Two sets of license plates (fees apply).
2. One set of license plates (fees apply) and one permanent (blue) no fee placard and one remuneration placard.
3. Up to two permanent (blue) no fee placards and no license plates.
4. One remuneration exempt identifying placard (May not be issued to a parent or guardian of a child under 16 years of age) and one permanent blue placard.

The Department may issue one identifying plate or placard to each parent or guardian of a child with a

disability who is under sixteen years of age to be used only when transporting the child. The Department shall not issue more than two identifying placards, two identifying plates, or one plate and one placard for the child to only to be used when transporting the child. Remuneration cannot be issued to a parent or guardian, minor, or business.

Applicants with Short Term disabilities qualify for the following option:

- One 90-Day no fee Placard (can be renewed with medical professional's authorization).

Parking Privileges Application

Medical Professional Certification and Self-Certification			
Placard Type	Disability Type	Medical Professional Verification	Self-Certification
Three Year Placards (Blue), three year remuneration-exempt placards (Purple) or Plates: Program recertification required every three years (by mail or in person) with completion of DR 2219	Permanent	Initially, then every ninth year (third renewal)	Third and sixth year renewal by mail with the form DR 2219 signed by a professional, or in person with a secure and verifiable identification
	Extended	Initially, then every third year with renewal	N/A
	Temporary	Initially, then every third year with renewal	N/A
Temporary Placard (Red): One only valid until the last day of the month falling ninety days after the date of issuance may be renewed only once with completion of form DR 2219	Short-term	Initially, then with 90 day renewal	N/A

Physician Certification Instructions Notice To Providers

Providers who knowingly misuse or who make false statements to help someone obtain or retain disabled parking authorization may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor, and subject to incarceration.

1. Complete the entire form, sign and date.
2. If you make a mistake on this form, please complete a new form. Do not write over, white-out or cross-out information. This will void the form.
3. To sign the form, you must be a Professional as defined below.
 - a. **Professional:** licensed professionals from Colorado and bordering states:
 - i. Physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S.,
 - ii. Commissioned Medical Officer of the U.S. Armed Forces, the U.S. Public Health Service, and/or the U.S. Veterans Administration.
 - iii. Advance Practice Nurse registered pursuant to section 12-38-111.5, C.R.S.
 - iv. Physician Assistant licensed pursuant to section 12-36-107.4, C.R.S.
 - v. Podiatrist licensed under article 32 of title 12, C.R.S.
 - b. **Additional professionals for the Short Term Placard only:**
 - i. Chiropractor licensed under article 32 of title 12, C.R.S.
 - ii. Physical Therapist licensed under article 32 of title 12, C.R.S.
4. Patients must have a new Professional verification done as part of their renewal process depending on the designated disability (see #5 below). Ensure the Persons With Disabilities applicant meets one of the criteria below before you verify in writing:
 - a. **Mobility:** Persons who cannot walk two-hundred feet without stopping to rest.
 - b. **Assisted Mobility:** Persons who cannot walk without the use of, or assistance from, a brace, cane crutch, another person, prosthetic device, wheelchair, or other assistive device.
 - c. **Respiratory:** Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.
 - d. **Oxygen:** Persons who use portable oxygen.
 - e. **Cardiac:** Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.

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Physician Certification Instructions Notice To Providers

- f. **Other:** Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.
 - g. **Remuneration-exempt qualifying disability:** See 5e for definition.
5. Applicant must meet one of the impairments which are defined as follows:
- a. **Permanent:** A condition that is not expected to change within a person's lifetime, given the current state of medical or adaptive technology.
 - b. **Extended:** A condition that is not expected to change within thirty months after the issuance of an identifying figure, given the current state of medical or adaptive technology.
 - c. **Temporary:** A condition that is expected to last less than thirty months after the issuance of an identifying plate or placard, given the current state of medical or adaptive technology.
 - d. **Short Term:** A condition that is not expected to last more than 90 days after the issuance of a placard.
- e. **Remuneration-exempt qualifying disability** means a disability that limits an individual's:
 - i. fine motor control in both hands;
 - ii. ability to reach a height of forty-eight inches from the ground due to lack of strength or mobility in the individual's finger, hand, or upper extremity;
 - iii. ability to reach or access a parking meter due to the use of a wheelchair or other ambulatory device.
6. Ensure the date reflects the most current patient information. The condition time is based on the date you enter (i.e., extended thirty-months is from the date entered, not the transaction date).
7. Please do not fax or e-mail the form to the Division of Motor Vehicles. The applicant must submit the completed DR 2219 at the time of registration.
8. You may contact the Title and Registration Sections at 303-205-5608 with any questions.

Persons With Disabilities Parking Privileges Application

Name of person with disability or entity representative (please type or print in ink)			Date of Birth
Physical Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
<p>I certify, under penalty of perjury, that I have read and understand the Persons with Disabilities plate and placard application and usage requirements and that I am responsible for the use in conformity with Colorado Revised Statutes 42-3-204 and 42-4-1208. I further understand that violation of the requirements in the statutes referenced above may result in fines and penalties up to \$5,000, incarceration and community service, and suspension of Persons with Disabilities placards and plates.</p>			
Printed name as it appears on identification			
Signature			
Secure and Verifiable ID of (circle one) Applicant/Legal Guardian/Representative/Entity Representative: (check appropriate box)			
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Identification document issued by United States Government <input type="checkbox"/> Out of state DL or ID (Only for out of state residents applying for a short- term placard)			
ID Number	Expires	DOB	
The undersigned witness affirms that the (circle one) applicant/legal guardian/entity representative signing this document presented the identification described above.			
Witness Printed Name			
Witness Signature			Date
<p>This Section Below Must be Completed by a Professional Defined in Colorado Revised Statute 42-3-204(1)(a) and (i.5)</p> <p>This Person is Mobility Impaired as Described Below (Check one box) Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Colorado.</p> <p><input type="checkbox"/> Persons who cannot walk two hundred feet without stopping to rest.</p> <p><input type="checkbox"/> Persons who use portable oxygen.</p> <p><input type="checkbox"/> Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.</p> <p><input type="checkbox"/> Persons who have 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.</p> <p><input type="checkbox"/> Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.</p> <p><input type="checkbox"/> Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.</p> <p><input type="checkbox"/> Remuneration-exempt qualifying disability means a disability that limits an individual's:</p> <ul style="list-style-type: none"> i. fine motor control in both hands; ii. ability to reach a height of forty-eight inches from the ground due to lack of strength or mobility in the individual's finger, hand, or upper extremity; iii. ability to reach or access a parking meter due to the use of a wheelchair or other ambulatory device. 			

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Persons With Disabilities Parking Privileges Application

(continued)

Medical License Number and Issuing State			
Name of Professional (please type or print in ink)			
Address	City	State	ZIP
I certify, under penalty of perjury, that the above named patient has a physical impairment complying with 23 CFR 1235. I have read and understand Colorado Revised Statute 42-3-204 and 42-4-1208 as they pertain to certifying persons with disabilities and affirm my knowledge of the contents of persons with disabilities notices and documentation made available to me pursuant to 42-3-204(3), C.R.S.			
This impairment is: <input type="checkbox"/> Permanent* <input type="checkbox"/> Extended* <input type="checkbox"/> Temporary* <input type="checkbox"/> Short Term (will last 90 days or less) <input type="checkbox"/> Remuneration- exempt qualifying disability*			
*These Placards are valid for and must be renewed every 3 years. (See definitions on the first page).			
Impairments are defined as follows: Permanent —A condition that is not expected to change within a person's lifetime, given the current state of medical or adaptive technology. Extended —A condition that is not expected to change within thirty months after the issuance of an identifying figure, given the current state of medical or adaptive technology. Temporary —A condition that is expected to last less than thirty months after the issuance of an identifying plate or placard, given the current state of medical or adaptive technology. Short Term —A condition that is not expected to last more than 90 days after the issuance of a placard (can be renewed with medical professional's authorization). Remuneration-exempt disability means a disability that limits an individual's: (i) fine motor control in both hands; (ii) ability to reach a height of forty-eight inches from the ground due to lack of strength or mobility in the individual's finger, hand, or upper extremity; or (iii) ability to reach or access a parking meter due to the use of a wheelchair or other ambulatory device. ** Chiropractors and Physical Therapists may only certify a physical impairment for Short Term Placards. Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor, and subject to incarceration.			

Persons With Disabilities Parking Privileges Application (continued)

Signature of Professional	Phone Number	Date
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Name of person with disability or entity representative (please type or print in ink)

Application For Persons With Disabilities Parking Privileges

There is no fee for persons with disabilities placards. Standard registration fees and ownership taxes will be charged for disability license plates. A plate or placard holder is responsible to safeguard the plate or placard from use by others.

Please choose one option below: Permanent, Extended, and Temporary Disability

- Submit a completed application in the name of the person with a disability.
- Secure and verifiable identification for the person with a disability.
- Power of Attorney appointing an agent.
- Enclose a photocopy of the title or registration to the vehicle.

Persons with Disabilities with Vehicle (Check one option below)

- 1 Plates
 2 Plates
 1 Plate and 1 Placard
 1 Placard
 2 Placards
 1 Plate and 1 Remuneration Placard
 1 Placard and 1 Remuneration Placard

Persons with Disabilities without a Vehicle (Check one option below)

- 1 Placard
 2 Placards
 1 Placard and 1 Remuneration Placard

Short Term (90-Day) Disability

- Temporary (90-Day) no fee Placard—For persons with a short term disability to the degree described on page one of this form.
- Submit a completed application in the name of the person with a disability.
 - A 90-day temporary placard will be issued which is to be placed inside the vehicle of which the person with a disability is a passenger.
 - The placard is movable from one vehicle to another.
 - Out of state applicants can submit their out of state drivers license, identification document or United States Government identification document

Signature	Date
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