



## U.S. Disabled Veteran Parking License Plates Information and Application

MV2172 1/2019 s.341.14(1) Wis. Stats.



### Are you eligible?

Any veteran certified by an authorized VA health care specialist as having a permanent disability incurred while in active U.S. Military service that limits or impairs the ability to walk is eligible for disabled veteran (VET) parking license plates. By legal definition, this includes any person who:

- ▶ Cannot walk 200 feet or more without stopping to rest.
- ▶ Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance devices.
- ▶ Is restricted by lung disease to the extent that forced expiratory volume for 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.
- ▶ Uses portable oxygen.
- ▶ Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association.
- ▶ Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition.

### Persons that qualify

Disabled VET parking license plates may be issued to a person with a permanent disability that limits or impairs the ability to walk, who is one of the following:

- ▶ Owner of a vehicle.
- ▶ Lessee of a vehicle.
- ▶ Beneficiary of a trust that owns or leases a vehicle.

### Vehicles that qualify

The following vehicles qualify for disabled VET parking license plates:

- ▶ An automobile.
- ▶ A motor home (annual registration only).
- ▶ A private truck, dual-purpose motor home or dual-purpose farm truck that has a gross weight of 8,000 pounds or less.
- ▶ A farm truck that has a gross weight of 12,000 pounds or less.

### Things you should know

- ▶ Persons with a permanent disability must be recertified every four years.
- ▶ Persons with disabled VET parking license plates may be issued one Disabled Parking Identification (DIS ID) permit. If you have two permits, one must be returned with this application.
- ▶ WisDOT may cancel disabled VET parking license plates that were issued as a result of fraud or error or that is used by anyone not authorized.
- ▶ To legally operate your vehicle, you must display license plates within two business days of purchase. If you do not have current plates, apply to a DMV Customer Service Center or an agent authorized by WisDOT to obtain a temporary plate while your disabled VET parking license plates application is processed. An agent may charge a plate and/or a service fee.
- ▶ Disabled VET parking license plates must be replaced with regular plates upon the death of the qualifying veteran. Credit will be given for any remaining months of registration to the surviving spouse.

### Personalized plate information

Personalizing your disabled VET parking license plates is optional.

- ▶ A \$15 personalized plate fee is required **each** year in addition to the annual registration fee.
- ▶ No refund or adjustment will be made for a change of choice or spacing after the plate has been ordered, or if the application is unclear or incorrectly completed.
- ▶ WisDOT may refuse to issue **or** may recall after issuance, a request that may be offensive to good taste or decency, misleading or conflicts with any other license plate.
- ▶ After the Certificate of Registration is issued, allow 3–4 weeks for the manufacturing and mailing process before the plates arrive.

### Disabled veteran parking license plates use

Disabled VET parking license plates with the International Symbol of Access are the only military related plates that qualify for disabled parking privileges. A person who displays disabled VET parking license plates on their vehicle:

- ▶ May park in spaces marked by official traffic signs reserving the space for vehicles displaying VET or DIS plates or a DIS ID permit.
- ▶ Is exempt from any parking ordinance imposing time limits of one-half hour or more, and is subject to the laws relating to parking.

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## Wisconsin Department of Transportation

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- ▶ May park at a municipally-owned/leased lot without payment in **metered spaces** when the time limit is one-half hour or more. Payment may be required for privately-owned parking lots or those with an attendant.
- ▶ May obtain fuel from a full-service pump at the same price as fuel from a self-service pump at locations with both types of services, if the driver is the person with the disability. The driver of the vehicle must ask for the same price as charged for fuel dispensed from a self-service pump. The retailer is not required to provide any other service that is not provided to customers who use a self-service pump.

### How to apply

1. To order non-personalized Disabled VET plates, mark first option and go to step 6.
2. To order personalized Disabled VET plates, mark second option and choose 1–6 characters.

If you choose 6 characters, **no spaces are allowed.**

1	S	T	S	G	T
---	---	---	---	---	---

If you choose 5 or fewer characters, you may request up to two spaces between any of the characters. Indicate this request with diagonal lines as shown here.

M	/	A	/	V	E	T
---	---	---	---	---	---	---

3. Use capital letters or numbers. The letter O and the number zero are the same. The following are not acceptable: small letters, symbols, signs, hyphens, apostrophes, etc. Carefully distinguish between: letters **L** or **I** and number **1**, letter **S** and number **5**, letter **G** and number **6**, letter **Z** and number **2**, letter **B** and number **8**, letter **U** and letter **V**.
4. For personalized plate message availability, please visit: [wisconsin.dmv.gov/personalizedplatelookup](http://wisconsin.dmv.gov/personalizedplatelookup)
5. Provide a meaning for your request, i.e. what does this represent?
6. Have a health care specialist from a VA medical facility complete the **VA certification** section.
7. If you are requesting a DIS ID permit, you must keep a copy of this completed application and provide it to any traffic officer for inspection upon request. Make and keep a copy **before** submitting the application to WisDOT.
8. If you want personalized or non-personalized disabled VET parking license plates, check the appropriate box on the application.
9. If the vehicle you wish to register with disabled VET parking license plates is already titled in your name, send:
  - » A copy of your Certificate of Registration **or** complete the vehicle description on the application.
  - » The annual registration fee if the current plates expire within the next three months.
  - » An additional \$15 if applying for personalized plates.

10. If the vehicle is **not** titled in your name, send:
  - » The title assigned to you.
  - » A completed title application:  
[MV1](#) (Private Sale) or MV11 (Dealer Sale).
  - » All required fees, including annual registration fee.
  - » An additional \$15 if applying for personalized plates.
11. Make check or money order payable to:  
**Registration Fee Trust.**
12. Mail this application and all required items to:  
**WisDOT**  
**Special Plates Unit – DIS**  
**P O Box 7306**  
**Madison, WI 53707-7306**

### Release of non exempt information

Under Wisconsin open records law, the Wisconsin Department of Transportation must provide information from its records to requesters.

If you do not want your name and address included in requests we receive for ten or more records, you may ask the department to withhold your name and address from those lists by checking the box below:

Opt Out

ADA – The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

### If you have questions about this application:

- » Call: (608) 264-7169
- » FAX: (608) 267-5106
- » E-mail: [special-plates.dmv@dot.wi.gov](mailto:special-plates.dmv@dot.wi.gov)

Invisible disability notice to law enforcement form:  
[wisconsin.dmv.gov/inv-dis](http://wisconsin.dmv.gov/inv-dis) or at DMV Service Centers.



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## Applicant section

Please print clearly

Legal Name of Person with Disability - First, Middle Initial, Last				<input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>												M	M	D	D	Y	Y	Y	Y	Daytime (Area Code) Telephone Number														
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Address		City		State		ZIP Code		Driver License/Nondriver Identification Number - If none, write NONE <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td> </tr> </table>																			1	2	3	4	5	6	7	8	9	10	11	12	13	14
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I have read the information on this form and understand the qualifications and provisions under which disabled veteran parking license plates may be issued. I authorize the U.S. Department of Veterans Affairs to send a copy of my rating decision to WisDOT.

**X** \_\_\_\_\_  
(Signature of Qualifying Veteran) (Date)

## DIS ID permit information

Check if you would also like one Disabled Parking Identification (DIS ID) permit. Please make and keep a copy of this application for your records.

### Complete information for the vehicle you wish to register with disabled veteran parking license plates.

Current License Plate Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>												1	2	3	4	5	6	7	8	Vehicle Year - Make		Body Type		Vehicle Identification Number (standard VIN has 17 characters) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> </table>																									1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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### Check one:

- Trust beneficiary who is a veteran with a permanent disability resulting from injuries incurred in active US Military service.
- Veteran with permanent disability resulting from injuries incurred in active US Military service.

## Personalized plate section

Please check one

- I would like **non-personalized** disabled veteran parking license plates.
- I would like **personalized** disabled veteran parking license plates.

**Note:** If the requested personalized plate choices are not available, non-personalized disabled veteran parking license plates will be issued.

1st Choice							Meaning of First Choice
2nd Choice							Meaning of Second Choice
3rd Choice							Meaning of Third Choice

## VA certification

This section must be completed and signed by any of the following health care specialists at a VA medical facility: physician, podiatrist, advanced practice nurse, chiropractor, public health nurse or physician assistant who is licensed or certified, or a Christian Science Practitioner residing in Wisconsin. (A County Veterans Service Officer does **not** qualify.)

U.S. Military Service Number			Claim Number			Service Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard																		
Name of Person Certifying Eligibility (Please Print)						Medical License Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>											1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8																	
Address, City, State, Zip Code						Office (Area Code) Telephone Number																		

If you feel this applicant's medical condition or disability may prevent them from exercising reasonable control over a motor vehicle, please refer to the WisDOT website at: [wisconsindot.gov/Pages/dmv/license-drvs/mdcl-cncrns/medicalmedprofessionals.aspx](http://wisconsindot.gov/Pages/dmv/license-drvs/mdcl-cncrns/medicalmedprofessionals.aspx) for the reporting process.

**Eligibility Certification Statement** – By signing below, the US Department of Veteran Affairs certifies the applicant is a veteran with a permanent disability resulting from injuries incurred in active US Military Service that limits or impairs the ability to walk.

**X** \_\_\_\_\_  
(Signature of Authorized VA Health Care Specialist) (Date)