

## Persons With Disabilities Parking Privileges Application

Submit Completed Application to Your Local County Motor Vehicle Office			
Name of person with disability (please type or print in ink)		Date of Birth (if PWD is a minor)	
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, penalties, 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: (check appropriate box)			
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____			
ID #	Expires	DOB	
The undersigned witness affirms that the (circle one) applicant/legal guardian/representative signing this document presented the identification described above.			
Witness Printed Name			
Witness Signature			Date