OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION FOR REMOVABLE WINDSHIELD PLACARD FOR ACTIVE-DUTY MILITARY / VETERANS WITH DISABILITIES

INSTRUCTIONS

Ohio Revised Code (R.C.) 4503.44 allows an applicant to obtain one removable windshield placard. A person with a disability that limits or impairs the ability to walk is entitled to request one additional placard that may be issued at the discretion of the Registrar. Consideration will be given only if the person applies separately for an additional placard and states the reason why the additional placard is necessary.

A veteran must submit the following items to qualify for a gratis veteran removable windshield placard:

1. A letter, dated within one (1) year, from the Department of Veteran's Affairs indicating that the applicant's disability is service-related, as defined in R.C. 4503.44.
2. Sections A and B of this form completed (page 2).
3. Either a prescription written by the applicant's health care provider or section C of the form completed by health care provider.
4. If needed, contact the Department of Veteran's Affairs at (800) 827-1000.

An active-duty military member must submit the following to qualify for a gratis removable windshield placard:

1. Sections A and B of this form completed (page 2).
2. Either a prescription written by the applicant's health care provider or section C of the form completed by health care provider.
3. Current Department of Defense convalescent leave statement or other documentary evidence supporting that the person currently has an ill or injured casualty status or has limited duties.

PAYMENT: NO FEE FOR VETERANS OR ACTIVE-DUTY MILITARY MEMBERS.

RETURN PROMPLTY: Applicants may take completed application to any local Deputy Registrar Agency or mail to the Ohio Bureau of Motor Vehicles/Registration Support Services, P.O. Box 16521, Columbus, Ohio 43216-6521. For additional information, call: Registration Support Services (614) 752-7518 or go to www.bmv.ohio.gov. Please allow 10-15 business days for processing if the form is submitted by mail.

Note: Placard must be hung on the rear-view mirror when the vehicle is parked. Remove placard when driving.

FINES AND PENALTIES

In accordance with R.C. 4511.69, no person shall stop, stand, or park a motor vehicle at clearly marked accessible parking locations provided in or on privately owned parking lots, parking garages, or parking areas designated for persons with disabilities without the vehicle being operated by or transporting such person and displaying a removable windshield placard or accessible license plates. Whoever violates this section is guilty of a misdemeanor. The fine is at least $250.00, but not more than $500.00, is not punishable with imprisonment, and is not a criminal offense.

In accordance with R.C. 4731.481 and R.C. 4734.161, no health care provider shall furnish a prescription to a person to enable the person to obtain a removable windshield placard or accessible license plates if they do not meet the criteria in R.C. 4503.44. Nor shall any health care provider provide the person with a prescription misrepresenting the expected length of disability. These offenses are misdemeanors of the first degree and are punishable by imprisonment of not more than six (6) months, a fine of not more than $1,000, or both, and sanctions by the State Medical Board, the Chiropractic Examining Board or the Board of Nursing respectively.

In accordance with R.C. 4503.44, no person or organization shall misrepresent themselves as eligible for a removable windshield placard or accessible license plates if they are not eligible according to the guidelines of this section. The penalty for this offense is confiscation of the placard or license plates and the revocation of privileges to obtain a removable windshield placard or accessible license plates.

RESTRICTED

TO BE COMPLETED BY APPLICANT
(PLEASE PRINT OR TYPE)

SECTION A

NAME OF PERSON WITH A DISABILITY			DL / ID / SSN OF PERSON WITH A DISABILITY	
STREET ADDRESS	CITY		STATE	ZIP CODE
MAILING ADDRESS (If Different)			TELEPHONE NUMBER	
SIGNATURE OF PERSON WITH A DISABILITY, NEXT OF KIN OR CARE PROVIDER **X**			DATE SIGNED	

INDICATE TYPE OF PLACARD REQUESTED

SECTION B

NOTE: Placard expiration date is determined by the length of time indicated on the prescription		
☐ **Temporary Placard** (Duration: 6 months or less)	☐ **Standard Placard** (Duration: Over 6 months and up to 10 years)	☐ **Permanent Placard** (No Expiration)
☐ **Renewal (Standard Placard)** (Do not renew more than 90 days from expiration date)	**Replacement Placard** ☐ Temporary/Standard ☐ Permanent Reason: ☐ Lost ☐ Damaged ☐ Stolen	**Additional Placard** ☐ Temporary/Standard ☐ Permanent List Reason:

Previous Placard Number ______________________________ (applies only to renewal or replacement)

You may make a non-refundable donation to **Opportunities for Ohioans with Disabilities (OOD)** by checking the box below and entering the amount you wish to donate.
For more information, please visit https://ood.ohio.gov/wps/portal/gov/ood/about-us/resources/donations-to-ood.

☐ I would like to donate $ __________ to the Opportunities for Ohioans with Disabilities. **Add this to your total fees due.**

CERTIFICATION FOR PRESCRIPTION (R.C. 4503.44)

1. Cannot walk two hundred feet without stopping to rest.
2. Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
3. Is 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 millimeters of mercury on room air at rest.
4. Uses portable oxygen.
5. 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.
6. Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.
7. Is blind, legally blind, or severely visually impaired.

THE PRESCRIPTION MUST STATE THE FOLLOWING INFORMATION

Original prescriptions required (copies are not accepted)

1. Name of the person with the disability.
2. Indicate you are applying for a removable windshield placard or similar wording.
3. The health care provider must sign and date the prescription. Pursuant to R.C. 4503.44(A)(3), health care provider means "a physician, physician assistant, advanced practice nurse, optometrist, or chiropractor as defined in this section."
4. Indicate the duration the disability is expected to last. The health care provider must specify an ending date or indicate the disability is permanent. Placards expire on the date specified by the health care provider.
5. The application will be rejected if the prescription requirements are not met.

SECTION C

NAME OF HEALTH CARE PROVIDER	LICENSE NUMBER		
ADDRESS	CITY	STATE **OH**	ZIP CODE
EXPECTED DURATION OF DISABILITY OR PLACARD END DATE	DAYTIME PHONE NUMBER		

I certify that the named applicant has a disability that limits or impairs the ability to walk as defined above by R.C. section 4503.44.

SIGNATURE OF HEALTH CARE PROVIDER **X**	DATE SIGNED

Warning: Knowingly making a false statement on this form constitutes falsification, a first-degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability (R.C. 2921.13).

RESTRICTED