

**MEDICAL EXAMINER'S CERTIFICATION OF MOBILITY IMPAIRMENT**

I certify that (Name) \_\_\_\_\_ Birth Date: \_\_\_\_\_

(Address) \_\_\_\_\_ Race/Sex: \_\_\_\_\_

(City/State/Zip code) \_\_\_\_\_

meets the requirements as outlined in # \_\_\_\_\_ (shown on reverse side) and qualifies for a mobility impaired license plate/hang-tag. I further understand that willful and false certification shall subject me to fines/imprisonment as outlined in R.S. 47:463.4 (G) (4).

PERMANENTLY IMPAIRED (Applicant has a total or lifelong condition of mobility impairment from which little or no improvement or recovery can reasonably be expected. A medical examiner's certification is required on initial application only).

TEMPORARILY IMPAIRED (Applicant has a temporary condition of mobility impairment from which improvement or recovery can reasonably be expected. Applicant is entitled to a hang-tag which will be valid for one (1) year. A medical examiner's certification is required for renewal of hang-tag).

UNABLE TO APPEAR IN PERSON AT OFFICE OF MOTOR VEHICLES (Applicant must bring facial photo).

\_\_\_\_\_  
Medical Examiner's Signature Date

\_\_\_\_\_  
Printed Name of Medical Examiner State License#

\_\_\_\_\_  
Address Telephone#

**TO BE COMPLETED BY MOTOR VEHICLE ANALYST ONLY**

VIN \_\_\_\_\_ Lic. Plate # \_\_\_\_\_

Hang-tag Control # \_\_\_\_\_ Hang-tag ID # \_\_\_\_\_

Date Issued \_\_\_\_\_ Operator # \_\_\_\_\_ Office # \_\_\_\_\_

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF MOTOR VEHICLES

**NOTICE**

**FAILURE TO SUBMIT MEDICAL EXAMINER'S CERTIFICATION OF MOBILITY IMPAIREMENT (SEE REVERSE SIDE FOR MOBILITY IMPAIRED LICENSE PLATE OR HANDICAP HANG-TAG WILL RESULT IN REJECTION AND/OR RETURN OF APPLICATION.**

One (1) handicap hang-tag allowed per person. Two (2) mobility impaired license plates allowed per person. HANDICAP HANG-TAGS OR LICENSE PLATE not to be issued/renewed to ANYONE other than the mobility impaired person or designee.

The term, "mobility impaired person," shall include any person who is impaired because of any of the following conditions:

1. Cannot walk two hundred feet without stopping to rest.
2. Cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic device, or wheelchair.
3. Is restricted by a 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 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 by the American Heart Association.
6. Has a diagnosed disease or disorder, including a severe arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.

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