

Customer Service Bureau  
 PO Box 9278  
 Des Moines, IA 50306-9278  
[vscusto@iowadot.us](mailto:vscusto@iowadot.us)  
[www.iowadot.gov](http://www.iowadot.gov)

**INTERNAL USE ONLY:**

Order Complete:  Yes  No  
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 Number of months valid: \_\_\_\_\_

**APPLICATION FOR PERSONS WITH DISABILITIES PARKING PERMIT FOR IOWA RESIDENTS**



**INSTRUCTIONS:**

1. All applicants must complete **Section 1**
2. More than one section can be completed based on your product needs (plate, placard, or sticker)
3. Attach a separate signed medical statement from a physician, chiropractor, occupational therapist, physical therapist, or nurse practitioner indicating the disability status and whether it is permanent or temporary. **A medical statement submitted without this application will not be processed.**

By mail: Iowa DOT  
 Vehicle Services  
 PO Box 9278  
 Des Moines, IA 50306-9278

In person: Iowa DOT  
 Vehicle Services  
 6310 SE Convenience Blvd  
 Ankeny, IA 50021  
 Mon-Fri, 8:30-4:30 pm

Iowa DOT Driver License Service Centers may issue parking permits. Visit <https://iowadot.gov/mvd/iowa-dot-locations> to find a location near you. Selected County Treasurer offices may issue parking permits and accept applications for license plates. Please visit <https://www.iowatreasurers.org/> to locate a County Treasurer's Office.

**Section 1: Applicant Information - if completing this form on behalf of a parent, disabled dependent, or a minor child, enter their information here.**

*"Child" includes, but is not limited to, stepchild, foster child, or legally adopted child who is younger than 18 years of age, or a dependent person 18 years of age or older who is unable to maintain the person's self.*

First Name:	Middle Name:	Last Name:	Date of Birth:
Iowa Driver License or Iowa ID Card Number or Social Security Number:			County of Residence:
Address:	City:	State:	Zip Code:
E-mail (if available):		Phone:	

**Section 2: New or Replacement windshield placard**

*Windshield placards should only be displayed when a vehicle is parked. Do not drive with the placard displayed. The placard may only be used when the person with a disability is using the vehicle as a driver or passenger. An individual may only be assigned two placards regardless of when they are issued. **More than one section can be completed based on your product needs (plate, placard, or sticker)***

Type of request: <input type="checkbox"/> New <input type="checkbox"/> Replacement	Number of placards requested: <input type="checkbox"/> One (1) placard <input type="checkbox"/> Two (2) placards	Type of placard requested: <input type="checkbox"/> Temporary <input type="checkbox"/> Standard (five year)
Number of placards to replace" <input type="checkbox"/> One (1) placard <input type="checkbox"/> Two (2) placards	Please provide the original placard number if you still have one in your possession . (If you need to replace both, please leave blank.)	
Reason for replacement: <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen		

**Section 3: Request for license plate parking sticker (permanent disability only)**

*An applicant who owns a motor vehicle for which the applicant has been issued registration plates under [section 321.34](#) or registration plates as a seriously disabled veteran under [section 321.105](#) may apply. The applicant must be the registered owner to the vehicle of the plates indicated below. **The sticker must be displayed on the rear license plate. More than one section can be completed based on your product needs (plate, placard, or sticker)***

Type of request: <input type="checkbox"/> New <input type="checkbox"/> Replacement	Replacement only: Please provide the original sticker number, if you have more than one sticker remaining, please list them all .
Enter current plate number:	

**Section 4: Request for license plate (permanent disability only)**

*If this is replacing an existing plate (not a Persons with Disabilities plate), the applicant must return the current plate and registration receipt to the county treasurer's office at the time the new Persons with Disabilities plate is received. **More than one section can be completed based on your product needs (plate, placard, or sticker)***

Type of request:	<input type="checkbox"/> Applying for new plate/new registration <input type="checkbox"/> Replacing existing plate on the same vehicle. Enter current plate number:
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**Section 5: Request for license plate for parent/guardian of child with a disability**

*A parent or guardian of a child with a disability may request a license plate only if the disability is considered permanent. If this is a replacement plate, the applicant must return the current plate and registration receipt to the county treasurer's office at the time the new Persons with Disabilities plate is received. **More than one section can be completed based on your product needs (plate, placard, or sticker)***

Please choose one:	<input type="checkbox"/> Applying for new plate / new registration <input type="checkbox"/> Replacing existing plate on the same vehicle. Enter plate number:
Full Name of parent/guardian:	Name of Child:
List address, city, state, and zip of where child resides with adult (if different than that provided in Section 1)	

**Section 6: Veteran self-certification**

*By law, Iowa DOT may accept a certification of disability from the U.S. Department of Veteran's Affairs in lieu of a health care provider's statement for veterans. (Please note: You will need to upload a copy of the US DVA certification)*

By selecting this box <input type="checkbox"/>	I attest under penalty of perjury, that the permanent disability underlying my U.S. Department of Veteran's Affairs disability rating impairs my mobility to the extent defined in <a href="#">Iowa Code 321L.1(8)</a> .
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