City of Portland
Non-Oregon Resident
Wheelchair User Disabled Person
Parking Permit Application

Name: ____________________________________________

Address: __________________________ City: __________ State: ____ Zip: ______

Phone: (_____) ___________________ E-mail: ____________________________

Current ADA Placard Number: ___________________________ Issuing State: __________

***** Please Note: You must include a copy of your current ADA Placard *****

WHEELCHAIR USER DISABLED PERSON PARKING PERMIT WILL ALLOW THE SAME PRIVILEGES AS A STATE OF OREGON WHEELCHAIR PLACARD WHEN PARKING WITHIN THE CITY OF PORTLAND.

A. Permit must be displayed with the state-issued ADA placard at all times and the number on the permit must match the ADA placard number.

B. Permit must be displayed in the center of the windshield dash.

C. Permit will expire on the date that your ADA placard expires.

Certification: I certify that I am eligible for a disabled wheelchair parking permit and that I hereby give permission for my physician to verify s/he has signed the other side of this application form. I also hereby certify that I have read the above wheelchair permit rules.

APPLICANT’S SIGNATURE

________________________________________

DATE

X
Eligibility requirements and additional information for wheelchair user only permit.

INFORMATION FOR PHYSICIAN
This application is for a non-Oregon resident with a state-issued disabled placard to obtain a wheelchair-only permit applicable within the city limits of the City of Portland, Oregon. It is specifically for a user whose only way to transport themselves is with a wheelchair or similar low-powered, motorized, or mechanically propelled vehicle designed for use by a person with a physical disability.

CERTIFICATE OF DISABILITY – TO BE COMPLETED BY A LICENSED PHYSICIAN

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<tr>
<th>PHYSICIAN’S PRINTED NAME</th>
<th>LICENSED PHYSICIAN NUMBER</th>
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<tr>
<th>PHYSICIAN’S OFFICE ADDRESS</th>
<th>PHYSICIAN’S DAYTIME PHONE NUMBER</th>
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I certify that the individual indicated on the reverse of this form meets the requirements under the definition of persons with disabilities in the state where the disabled placard is issued. I understand that it is a crime under ORS 162.085 to certify the truths of a statement when I know the statement is not true. Such a crime is punishable by a jail sentence of up to six months, a fine of $1000.00, or both.

PHYSICIAN’S SIGNATURE: X
DATE:

SELECT IF WHEELCHAIR PERMIT ELIGIBLE BY CHECKING BOX: (EXCLUDING TEMPORARY PERMITS) By checking this box and signing above you are certifying that the person listed on the reverse of this form is eligible for a City of Portland permit for wheelchair users only.

☐ WHEELCHAIR

For questions, please call:
Portland Bureau of Transportation
503/823-5185

Please send completed application, with copy of current ADA placard, to:
Parking Control Section
Portland Bureau of Transportation
1120 SW 5th Avenue, Suite 800
Portland, Oregon 97204