Mississippi Disabled Parking Application (Section 27-19-56, MS Code of 1972)

Section 1	Ce	ertification to be (completed by	/ Licensed	Physician or Nurse Practitioner	
I do hereby d	certify	/ that	d Name of Disabl			
		Printe	d Name of Disabl	ed Person	Address	
City		State	Zip		has the following condition:	
		Cannot walk 200 feet without stopping to rest; or				
		assistive device; or				
		Is restricted by lung disease to such an extent that the person's forced (respiratoy) expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest; or				
		Use portable oxygen; or				
		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; or				
		Is severely limited in his/her ability to walk due to an arthritic, neurological, or orthopedic condition.				
					Disability Should Not Extend Beyond	
Printed Name of Physician or Nurse Practitioner					/Year	
Signature of Physic	cian or	Nurse Practitioner			Month Year	
Date		Phone Number				
Section 2	Ар	plication to Be C	ompleted by	Tax Collect	ctor	
Application is hereby made for:					Expiration Date	
	Permanent Parking Placard					
		Disabled License Tag/ /Year				
		Tag Number Title Number			nber Registrant's Name	
		Temporary Parking Placard (valid for not over six months)				
Applicant is Child Parent or Spouse living with vehicle owner.					use living with vehicle owner.	
		Signature of Tax Colle	ctor or Deputy		Date	

Section 3 To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a disabled parking permit and/or disabled license plate on the condition that I will comply in all respects with the applicable Mississippi Laws and the rules and regulations hereunder.