



DISABLED VETERAN LICENSE PLATE APPLICATION

NRS 482.0962, 482.377, 482.384 and 484B.463

A Veteran of the Armed Forces of the United States, who, as a result of his/her service, has suffered a qualifying, service-connected disability and receives compensation from the United States for the disability; may apply for up to two sets of Disabled Veteran license plates for their personal use. Disabled female veterans may apply for Disabled Female Veteran plates inscribed with the words "Disabled Female Veteran."

QUALIFICATIONS – TO APPLY:

A certificate or letter from the Department of Veterans Affairs or the Department of Defense must be presented with the application indicating that as a result of his or her service, applicant has suffered from **(NRS 482.384)**:

- A 100% service-connected disability rating;
- More than one (1) service-connected disability, the combined ratings of which add up to at least 100%; or
- A service-connected disability of *any* rating and that qualifies a person for a special license plate pursuant to **NRS 482.0962. This qualifying event requires Sections 1-3 be completed and remitted with this application.**
- I currently have or previously had a set of Nevada Disabled Veteran plates and qualify for an additional set of Nevada Disabled Veteran plates. Plate #: _____

The vehicle bearing Disabled Veteran license plates is exempt from the payment of parking fees, including those collected through parking meters, charged by the State of Nevada, or any political subdivision or other public body within the State. Vehicles that are allowed to display Disabled Veteran License Plates: private passenger vehicles, non-commercial trucks, and motor homes/RVs. Light commercial vehicles are not eligible. Disabled Veteran license plates do not authorize the parking of the motor vehicle in any privately or municipally owned facility.

PARKING PRIVILEGES

An owner or operator of a motor vehicle displaying special plates for a disabled veteran issued pursuant to **NRS 482.377** may park in a parking space designated for the handicapped **(NRS 484B.463)** if:

- (a) The parking is done by a disabled veteran with a disability.
- (b) The disabled veteran to whom the vehicle is registered is a passenger in the motor vehicle being parked.

NOTE: These parking privileges are unique to Nevada and may not be applicable or honored in other states.

FEES

Plate Production: \$5.00, per plate

Prison Industry Fee \$.50, per plate

Applicable Registration Fees: Governmental Services Taxes and Supplemental Governmental Services Taxes (where applicable) are assessed for the issuance or renewal of Disabled Veteran License Plates.

If your vehicle is currently registered, you have the option to maintain your current vehicle registration expiration date or renew for a full 12-month period. Credit for any unused portion of your current registration will be applied. In applicable counties, if you choose to renew for a full 12-month period, a passing emissions inspection dated within the last 90 days must be submitted. Disabled Veteran and Disabled Female Veteran plates cannot be personalized.

SECTION 1 – APPLICANT

Complete this section in its entirety (print or type):

License Plate Style: Disabled Veteran Disabled Female Veteran

Full Legal Name (First, Middle, and Last): _____

NV Driver's License, ID Card Number, or Date of Birth: _____

Physical Address (Address, City, State, Zip Code): _____

Mailing Address (Address, City, State, Zip Code): _____

Telephone No.: _____ Email Address: _____

I declare under penalty of perjury that the information on this application is true and correct. I hereby make application for a Disabled Veteran License Plate. I have read and understand the conditions under which these license plate(s) are to be issued.

Signature of Applicant: _____ Date: _____



Full Legal Name of Patient/Applicant (print or type): _____
First Middle Last

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|---|------|--|---------------------------|
| SECTION 2 - MEDICAL PROFESSIONAL INFORMATION | | Complete this section in its entirety (print or type): | |
| Medical Professionals: Licensed Physician, Advanced Practice Registered Nurse (APRN), or Physician's Assistant (P.A.) only. | | | |
| Check One: <input type="checkbox"/> Licensed Physician <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Physician's Assistant | | | |
| Practice Name: _____ | | | |
| Full Legal Name (First, Middle, Last): _____ | | | |
| Physician's (or other) License No.: _____ | | | State: _____ |
| Mailing Address: _____ | | | |
| Address | City | State | Zip Code Telephone No. |

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|---|--|--|--|
| SECTION 3 - MEDICAL PROFESSIONAL CERTIFICATION | | Complete this section in its entirety (print or type): | |
| As a Physician, A.P.R.N., or Physician's Assistant for the above-named patient, I hereby certify that the applicant: | | | |
| 1. <input type="checkbox"/> Cannot walk two hundred (200) feet without stopping to rest. 2. <input type="checkbox"/> Cannot walk without the use of a brace, cane, crutch, wheelchair, prosthetic, assistive device, or another person. 3. <input type="checkbox"/> Has a cardiac condition to the extent that functional limitations are classified as Class III or Class IV according to standards adopted by the American Heart Association. 4. <input type="checkbox"/> Is restricted by a lung disease to such an extent that the person's expiratory volume for 1 second, when measured by a spirometer, is less than 1 liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air while the person is at rest. 5. <input type="checkbox"/> Is severely limited in his/her ability to walk because of an arthritic, neurological, or orthopedic condition. 6. <input type="checkbox"/> Has a visual disability. 7. <input type="checkbox"/> Uses portable oxygen. | | | |
| I certify that my patient's condition is a Permanent Disability (irreversible, permanently disabled in his/her ability to walk certification is valid indefinitely). | | | |
| _____ | | _____ | |
| Physician's, APRN's, or Physician's Assistant Signature | | Date | |