



MISSOURI DEPARTMENT OF

**REVENUE****Application for Disabled Person Placard**

Form

**2769**

Validation

|  |  |   |   |  |
|--|--|---|---|--|
| Applicant Information                        | Temporary <input type="checkbox"/> New-\$2 <input type="checkbox"/> Renewal-\$2<br>Placard <input type="checkbox"/> Replacement-\$4       Permanent Placard * <input type="checkbox"/> New <input type="checkbox"/> Renewal<br><input type="checkbox"/> Replacement <input type="checkbox"/> Record Change Only <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change |   |   |  |
|  | Do you currently have disabled license plate(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | How many disabled placards do you currently have?   |  |
|  | Current disabled license plate or placard number:  |   |   |  |
|  | State reason additional disabled placard is needed if requesting more than one placard:  |   |   |  |
|  | If replacement placard is required, select one of the following (Notary Required):<br><input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Destroyed <input type="checkbox"/> Never Received (Replace at no fee) Lost, stolen, mutilated, or destroyed placard number (recorded on signed receipt):                     |   |   |  |
|  | Legal Name of Disabled Person (Last, First, Middle) or Business  |   |   |  |
|  | Driver License Number or Federal Employer Identification Number  |   | Date of Birth (MM/DD/YYYY)  | Gender                                 |
|  | Street Address   |   | City  | State Zip Code                         |
|  | Name   |   | Telephone Number<br>(_____) ____-_____  |  |
| Mail To - If different than above            | Street Address   |   | City  | State Zip Code                         |
|  | I hereby certify that I am:  |   |   |  |
|  | <input type="checkbox"/> A disabled person <input type="checkbox"/> A disabled veteran <input type="checkbox"/> The parent or guardian of a disabled person<br><input type="checkbox"/> A representative of an agency that transports disabled persons<br><input type="checkbox"/> 75 years old or older and am not required to submit a physician's statement at time of renewal            |   |   |  |
|  | Any false statement is a violation of the law and may be punished by fine imprisonment, or both. Fraudulent application, renewal, issuance, procurement, or use of disabled person license plates or windshield placards is a misdemeanor.   |   |   |  |
|  | Signature of Applicant   |   | Telephone Number<br>(_____) ____-_____  | Date (MM/DD/YYYY)<br>_____/_____/_____ |
|  | Note: License Office notary service - \$2.00   |   |   |  |
|  | Embosser or black ink rubber stamp seal  |   | Subscribed and sworn before me, this  |  |
|  |  |   | day of _____ year _____   |  |
|  |  |   | State   | County (or City of St. Louis)          |
| Notary Public Signature                      |  |   |   |  |
| Notary Public Name (Typed or Printed)        |  |   |   |  |
| Previous Placard Number<br>_____/_____/_____ | Expiration Date (MM/DD/YYYY)<br>_____/_____/_____  | Date of Physician's Statement (MM/DD/YYYY)<br>_____/_____/_____ | <input type="checkbox"/> Signature<br><input type="checkbox"/> Fee<br><input type="checkbox"/> Good Cause for Add'l Placard<br><input type="checkbox"/> Notary (Replacement Only) |  |
| New Placard Number<br>_____/_____/_____      | Expiration Date (MM/DD/YYYY)<br>_____/_____/_____  | Approved By   | Fee   |  |

Form 2769 (Revised 08-2024)

**Mail to:** Motor Vehicle Bureau

P.O. Box 598

Jefferson City, MO 65105-0598

**Phone:** (573) 526-3669Visit <http://dor.mo.gov/motorv/placards/>

for additional information.



Submit the following items to your local license office:

1. A completed Application for Disabled Person Placard (Form 2769) signed by the disabled person, parent or legal guardian of the disabled person, or representative of an agency that transports disabled persons.
2. A completed and signed Physician's Statement for Disabled License Plates or Placards ([Form 1776](#)).
  - Must be issued within 90 days of the application date.
  - Is required every eight years for renewal applicants under the age of 75.
  - Is not required to obtain a replacement placard.

Note: Any not-for-profit group, organization, or other entity that transports two or more physically disabled persons must submit a statement on business letterhead, signed by an officer that states the entity transports physically disabled persons.

OR

Applicants may submit proof of disability in the form of a statement from the United States Veterans' Administration. When a statement from the United States Veterans' Administration verifying that the person is permanently disabled is supplied, the applicant shall not be required to provide physician's statements of physical disability for issuance or renewal of the license plate or windshield placard.
3. A \$2 fee for each temporary placard or \$4 fee for each temporary replacement placard.
  - There is no fee for new, renewal, or replacement permanent placards.

Upon approval of your application, you will receive a new placard and a validated registration receipt. Keep the registration receipt with you when using the placard.

A permanent or temporary disabled person placard (placard) is a removable windshield placard that is to be hung from the front, middle rearview mirror of a parked vehicle in order to park in disabled parking spaces. It is unlawful to hang the placard from the rearview mirror when driving the vehicle. Designated disabled parking spaces may only be used and the placard only displayed when a physically disabled person is the occupant of the motor vehicle when the vehicle is parked (or immediately before it is parked) or when the vehicle is being used to pick up or drop off the physically disabled person who was issued the placard. The driver or any occupant shall produce the validated receipt of this application and photo identification of the disabled person for whom the placard was issued upon request from any law enforcement or peace officer. Failure to do so is a class A misdemeanor. A placard is not transferable to another person. It is unlawful for the placard owner to loan the placard to any person for any reason, even if that person is disabled.

Who qualifies for a permanent/temporary disabled person placard?

Any physically disabled person, parent or guardian of a physically disabled person, or a not-for-profit group or organization that transports physically disabled persons.

What is the definition of "physically disabled"?

The term "physically disabled" means a blind person, as defined in [Section 8.700, RSMo](#), or a person with medical disabilities which prohibits, limits, or severely impairs one's ability to walk, as determined by an advance practice registered nurse, licensed physician, chiropractor, physician's assistant, podiatrist, physical therapist, or optometrist as follows.

1. The person cannot walk 50 feet without stopping to rest due to a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling condition;
2. The person cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
3. The person is restricted by a respiratory or other disease to such an extent that the person's forced respiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
4. The person uses portable oxygen; or
5. The person 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 the standards set by the American Heart Association.

A person's age shall not be a factor in determining whether such person is physically disabled.

Who determines physical disability?

An advance practice registered nurse, licensed physician, chiropractor, physician's assistant, podiatrist, physical therapist, or optometrist must certify the person is permanently or temporarily "physically disabled" by completing a Physician's Statement for Disabled Person's Placard (Form 1776) and indicating whether the disability is permanent or temporary.

Proof of permanent disability may also be provided in the form of a statement from the United States Veterans Administration.

What are the penalties for misuse, fraudulent application, renewal, procurement, or use of a permanent temporary disabled person placard?

Fraudulent application, renewal, procurement, or use of a placard, or parking in a disabled parking space by a person not physically disabled or transporting a physically disabled person is a misdemeanor.

When should a permanent or temporary disabled person placard(s) be returned to the Department of Revenue?

- If the placard owner is deceased, the personal representative or person who has possession of the placard must return the placard to the Department of Revenue. Failure to return the placard(s) is a misdemeanor.
- If a not-for-profit group or organization that transports physically disabled persons no longer transports two or more physically disabled persons, all placards issued in their name must be returned to the Department of Revenue.