

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

Name: _____
First Last

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

PHYSICIAN'S PRINTED NAME	LICENSED PHYSICIAN NUMBER
PHYSICIAN'S OFFICE ADDRESS	PHYSICIAN'S DAYTIME PHONE NUMBER
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.	
<input type="checkbox"/> WHEELCHAIR	

For questions, please call:
Portland Bureau of Transportation
503-823-2777

Please send completed application, with copy of current ADA placard, to:
PBOT Parking Permits
Portland Bureau of Transportation
1120 SW 5th Ave, Ste. #1331
Portland, OR 97204

Fax: 503-865-3283