



# South Carolina Department of Motor Vehicles

## Disabled Placard and License Plate Application

RG-007A  
(Rev. 1/13)

**NOTE: MUST ATTACH A LEGIBLE PRESCRIPTION ORDER WITH A SIGNATURE FROM THE CERTIFYING PHYSICIAN BELOW.**

**Section 1 – Check type of transaction**

Original     Renewal     Replacement – Prior Plate/Placard No. \_\_\_\_\_  Add Disabled Parking Authorized (\$1.00)

**DISABLED LICENSE PLATE**

Passenger Vehicle (\$20.00)     Motorcycle (\$10.00)

Purple Heart Wheelchair (Must also meet requirements for Purple Heart; No fee – Permanent Plate)     Veteran Wheelchair (Must also meet requirements for Veteran)

Disabled Veteran Wheelchair (HV) (Must also meet requirements for Disabled Veteran; No fee – Permanent Plate)

**DISABLED PLACARD - \$1.00** Limit 1 per applicant. Applicant must have a SCDL, BP or ID photo on file with SCDMV.

Temporary (impairment must be at least 4 months not to exceed 1 year)     Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

**DECAL** (For display on Purple Heart motorcycle, Disabled Veteran motorcycle, and World War II plates only)

Mail completed application along with a check or money order payable to the **South Carolina Department of Motor Vehicles (NO CASH ACCEPTED)** to **SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019**

**Warning:** A person who duplicates, forges, or sells a disabled placard or a person who falsifies information on an application form for a disabled placard or plate is guilty of a misdemeanor and, upon conviction, must be imprisoned for 30 days and fined not less than \$500 and not more than \$1,000.

**Section 2 – Disabled Person's Information – Required for Placard or Plate (\*\* indicates optional information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

All correspondence will be mailed to the address of the applicant.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Area Code) Telephone Number:\*\* \_\_\_\_\_ Disabled Person's SC Driver License, BP, or ID Number: \_\_\_\_\_

**Date of Birth:\*\*** \_\_\_\_\_ **Social Security No. :\*\*** \_\_\_\_\_ **Email Address:\*\*** \_\_\_\_\_

I certify that this information is true and correct **AND** that I have attached a legible prescription order with a signature from the certifying physician below.

Signature of Disabled Person \_\_\_\_\_ Printed Name of Disabled Person \_\_\_\_\_ Date \_\_\_\_\_

**Section 3 – Vehicle Information – Required for Plate Only**

Gross Vehicle Weight: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ Current Vehicle Plate Number: \_\_\_\_\_

**Owners Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email:\*\* \_\_\_\_\_

(Area Code) Telephone Number:\*\* \_\_\_\_\_ SC Driver's License, BP or ID \_\_\_\_\_

YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$\_\_\_\_.00

**INSURANCE CERTIFICATION**

Under penalties of perjury, I declare this vehicle is insured with \_\_\_\_\_ and I will maintain liability insurance throughout the registration period. (Insurance Company)

Signature of Vehicle Owner \_\_\_\_\_ Printed Name of Vehicle Owner \_\_\_\_\_ Date \_\_\_\_\_

**Section 4 – Physician's Statement**

This portion of the application must be completed by a licensed physician and must indicate the disability and length of disability.

**EFFECTIVE JANUARY 1, 2010 APPLICANTS MUST BE CERTIFIED DISABLED BY A LICENSED PHYSICIAN AND MUST ATTACH A LEGIBLE PRESCRIPTION ORDER WITH A SIGNATURE FROM THE SAME PHYSICIAN.**

This is to certify that \_\_\_\_\_ has the following condition(s):

Name of Applicant (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

- an inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;
- an inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- a restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- requires use of portable oxygen;
- 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 established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he no longer meets this criteria;
- a substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or
- blindness.

This disability is:  Permanent     Temporary – length of time \_\_\_\_\_ Physician Office Phone Number: \_\_\_\_\_  
(impairment must be at least for 4 months not to exceed 1 year)

I certify that I am a licensed Physician.

Professional License No. \_\_\_\_\_ Print Name of Physician \_\_\_\_\_ Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**DMV USE ONLY**

Check No. \_\_\_\_\_ Amount \_\_\_\_\_

Plate No. \_\_\_\_\_ Placard No. \_\_\_\_\_ Specialist Initials \_\_\_\_\_



# South Carolina Department of Motor Vehicles

## Disabled Placard and License Plate Application

RG-007A  
(Rev. 1/13)

### Instructions for Completing Disabled Placard and License Plate Applications (RG-007A and RG-007B)

#### **DISABLED LICENSE PLATES**

##### **Individual**

Plates are available to persons, or immediate family member of persons, who have been certified as permanently disabled by a licensed physician for vehicles registered to the disabled person or an immediate family member with the same address. A registration certificate, which lists the name of the disabled person, will be issued with each plate and must be maintained in the applicable vehicle. Disabled plate fee is \$20.00.

##### **Business/Organization**

Businesses or organizations that, as a part of their business, routinely transport disabled persons may be issued disabled plates for vehicles of special design, equipped to transport certified disabled persons, and registered in the name of the business organization. To obtain plates for an institution, a representative for the institution should complete form RG-007B Organization Disabled Placard and License Plate Application. A physician's certification is not required.

#### **DISABLED PLACARDS**

##### **Individual**

Placards are available to persons who have been certified as disabled by a licensed physician. To apply, you must have a current driver's license, beginner permit or identification card photo on file with SCDMV. If a photo is not on file, you must apply for one before a placard can be issued. A registration certificate will be issued with each placard and must remain with the disabled person when the placard is used. The placard fee is \$1.00 and only one placard may be issued per applicant.

##### **Business/Organization**

Permanent placards may be issued to organizations that transport disabled persons. Only one placard may be issued for each vehicle registered in the name of the organization. The organization must submit a completed RG-007B Organization Disabled Placard and License Plate Application. The fee is \$1.00 per placard and is limited to the number of registered vehicles.

#### **RG-007A Disabled Placard and License Plate Application (Individual)**

**Complete a separate application form for each disabled person.**

##### **Section 1 - Check type of transaction**

All applicants must complete this section.

- Check One: Original— For first time applicants  
Renewal — To renew disabled placard or license plate  
Replacement — To replace a lost, stolen or destroyed plate or placard and certificate  
Add Disabled Authorized — To add the name of a Disabled Parking Authorized individual to the Registration Certificate (\$1.00)
- Check One: Disabled License Plate — To apply for a wheelchair license plate. Purple Heart Wheelchair (applicants must meet requirements for Purple Heart). Disabled Veterans (applicants must meet requirements for Disabled Veteran), Veteran Wheelchair (applicants must meet requirements for Veteran), Choose type (Passenger Vehicle or Motorcycle)  
Disabled Placard — To apply for a placard. Indicate if placard is temporary or permanent  
Wheelchair Decal — For display on Purple Heart motorcycle, Disabled Veteran motorcycle, and World War II plates.

##### **Section 2 – Disabled Person's Information (Required for a Disabled Plate or Placard)**

Provide the disabled person's full legal name, street and mailing address, including city, state and zip code and phone number. List the SC driver's license, beginner permit or identification card number of the disabled person. Signature of disabled person or legal guardian required.

##### **Section 3 – Vehicle Information (Required for Plate Only)**

Complete this section only if you are applying for a disabled license plate. Disabled license plates may be issued to vehicles used to transport a certified disabled person if the vehicle is owned and titled in the name of the disabled person or his/her immediate family member, who resides in the same household. The fee is \$20.00 every two years. Indicate Gross Vehicle Weight (GVW) for property carrying vehicles.

Indicate if you wish to donate to Donate Life SC. If you would like to make a donation, indicate the amount in the space provided. For more information on Donate Life SC, visit [www.donatelifesc.org](http://www.donatelifesc.org).

The vehicle owner must sign to certify that the vehicle is insured and will maintain insurance throughout the registration period. The name of the liability insurance company should be listed, not the agent.

##### **Section 4 – Physician's Statement**

A licensed physician must complete this portion of the application. The physician must certify the applicant as disabled by checking the qualifying conditions. The physician must also indicate if the disability is permanent or temporary (impairment must be for at least 4 months not to exceed 1 year) and state the length of the disability in the space provided. A legible prescription order with an original signature from the same physician must be attached to the application.

#### **RG-007B Business/Organization Disabled Placard and License Plate Application**

##### **Section 1 - Check type of transaction**

Business/Organization must complete this section.

- Check One: Original— For first time applicant  
Renewal — To renew disabled placard or license plate  
Replacement — To replace a lost, stolen or destroyed plate or placard and certificate
- Check One: Disabled License Plate — Applying for a disabled license plate  
Disabled Placard — Applying for a permanent placard

##### **Section 2 – Business/Organization's Information (Required for a Disabled Plate or Placard)**

Provide the business/organization's name, street and mailing address, including city, state and zip code and phone number. The vehicle owner must sign to certify that the vehicle is insured and will maintain insurance throughout the registration period. The name of the liability insurance company should be listed, not the agent.

##### **Section 3 – Vehicle Information (Required for Plate Only)**

List all registered vehicles to which plates will be obtained. Disabled license plates will be issued to vehicles used to transport a certified disabled person if the vehicle is owned and titled in the name of the business/organization. The fee is \$20.00 every two (2) years. Indicate if you wish to donate to Donate Life SC. If you would like to make a donation, indicate the amount in the space provided. For more information on Donate Life SC, visit [www.donatelifesc.org](http://www.donatelifesc.org).

Mail the completed application to the following address along with a check or money order (no cash accepted) payable to the SCDMV:

**SC Department of Motor Vehicles**  
**P. O. Box 1498**  
**Blythewood, SC 29016-0019**