

**CITY OF PASO ROBLES
APPLICATION FOR
DISABLED PERSON'S DISCOUNT TRANSIT PASS**

A doctor's certification is NOT REQUIRED if you have a parking placard or special identification license plate(s) issued to you as a disabled person by the California Department of Motor Vehicles (DMV) AND you present this documentation to the City of Paso Robles in person with this application.

A doctor's certification is NOT REQUIRED if you have a disability which has been rated at 100 percent by the Department of Veteran's Affairs or the military service from which you were discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility AND you present this documentation to the City of Paso Robles in person with this application.

If you do not have documentation from the DMV or the military, you must provide a doctor's certificate (see next page) consistent with requirements for a parking placard under California Vehicle Code Section 22511.55(b).

A. (PLEASE PRINT)

| | | | |
|-----------------|------------|---|----------------------|
| Last Name | First Name | Middle Name | Date of Birth |
| Mailing Address | Apt/Space | Driver's License or Social Security No. | |
| City | State | Zip | Daytime Phone Number |

- Do you currently have a permanent disabled veteran license plates of a permanent parking placard?

If "Yes", please give number (No doctor's certificate required).

NUMBER _____ RENEWAL DATE _____

- Do you currently have a temporary disabled parking placard?

If "Yes", please give number and expiration date (No doctor's certificate required).

NUMBER _____ EXPIRATION DATE _____

3. Do you have a disability which has been rated at 100 percent by the Department of Veteran's Affairs or the military service from which you were discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility?

If "Yes", present documentation with this completed application to the City of Paso Robles (No doctor's certificate required).

B. APPLICANT'S SIGNATURE AND CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that I am _____ permanently _____ temporarily disabled (until _____) due to _____, and the information entered by me on this document is true and correct.

Signature

Date

**CITY OF PASO ROBLES – DISABLED PERSON’S DISCOUNT PASS
APPLICATION
DOCTOR’S CERTIFICATION OF DISABILITY
(FOR PHYSICIAN OR AUTHORIZED MEDICAL PROFESSIONAL
ONLY)**

The physician or authorized medical professional certifying the applicant’s disability must provide a full description of the illness or disability (consistent with requirements for parking placards per Vehicle Code Section 22511.55). Please complete the following for either permanent or temporary disability. Attach additional pages if needed.

Any licensed physician or surgeon may certify to items 1-8. A licensed chiropractor may certify to items 3, 5 and 6. A licensed ophthalmologist or optometrist may certify to item 7 only.

The applicant suffers from the following disability:

_____ Permanently or _____ Temporarily until _____

1. _____ Lung disease to such an extent that forced (respiratory) expiration volume for one second when measured by spirometry is less than one liter, or arterial oxygen tension (pO₂) is less than 60 mm/Hg on room air while at rest.
2. _____ Cardiovascular disease impairment limitations classified in severity as Class III or Class IV based upon standards accepted by the American Heart Association.
3. _____ A significant limitation in the use of lower extremities which substantially impairs or interferes with mobility, or so severe as to require the aid of an assistant device for mobility (e.g. cane, walker, crutches, etc.)
4. _____ A diagnosed disease or disorder which substantially impairs or interferes with mobility, or requires the aid of an assistant device for mobility (e.g. cane, walker, crutches, etc.)
5. _____ Loss, or loss of the use of, one or more limbs or one or both lower extremities.
6. _____ Loss, or loss of the use of, both hands.
7. _____ Central visual acuity not exceeding 20/200 in the better eye with corrective lenses, as measured by the Snellen test, or visual acuity greater than 20/200 with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees, or permanently blind per W & I Code Section 19153.
8. _____ This person is “handicapped” per PUC Section 99206.5. This means: by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including, but

