

STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION
APPLICATION FOR HANDICAPPED LICENSE PLATE



REGISTERED OWNER INFORMATION

APPLICANT'S NAME

ADDRESS

CITY, STATE, ZIP CODE

VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY TYPE (SERIES)
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VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER
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INSTRUCTIONS

This application qualifies handicapped and veteran amputee persons to obtain waiver of excise tax and / or special handicap plate on motor vehicles owned by the applicant as provided in Section 66-3-16, NMSA 1978 (see below). Name of owner (applicant) must be the same as shown on the vehicle's registration.

66-3-16, Special registration plates; disabled persons; parking placard

a. The division shall issue distinctive registration plates to any disabled person who so requests and who proves satisfactorily to the division **that the person has suffered the loss, or the complete and total loss of use, of one or both legs at or above the ankle, or of one or both arms at or above the wrist, for use on a motor vehicle owned by the person.** No fee in addition to the regular registration fee applicable to the motor vehicle, if any, shall be collected for issuance of special registration plates pursuant to this section.

b. No person shall falsely represent himself to be so handicapped as to be eligible to be issued special plates or parking placard pursuant to this section when the person is, in fact, not so handicapped.

ANY PERSON WHO VIOLATES THIS SUBSECTION IS GUILTY OF A MISDEMEANOR.

7-14-6E, Excise tax on issuance of certificate of title

A vehicle subject to registration under Section 66-3-16, NMSA 1978 is exempt from the tax imposed by this section.

MEDICAL CERTIFICATION

I, THE UNDERSIGNED MEDICAL DOCTOR, HEREBY CERTIFY THAT THIS APPLICANT MEETS THE REQUIREMENTS OF SECTION 66-3-16, NMSA 1978 ABOVE.

PHYSICIAN'S NAME (PLEASE PRINT)

PHYSICIAN'S SIGNATURE

ADDRESS

TELEPHONE NUMBER

CITY, STATE, ZIP CODE

DATE

DIVISION WAIVER

CHECK IF APPLICABLE

MEDICAL CERTIFICATION IS NOT NEEDED IF APPLICANT IS VISUALLY (OBVIOUSLY) AN AMPUTEE

MVD EMPLOYEE'S SIGNATURE

DATE

NEW MEXICO VETERANS SERVICE COMMISSION CERTIFICATION

I HEREBY CERTIFY THAT THIS APPLICANT IS A VETERAN AMPUTEE AND MEETS THE REQUIREMENTS OF SECTION 66-3-16, NMSA 1978 ABOVE.

APPROVAL SIGNATURE

DATE

APPLICANT CERTIFICATION

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (NOTE: PHYSICIAN MAY BE CONTACTED TO VERIFY APPLICANT QUALIFICATION)

CHECK ONE

VETERAN AMPUTEE SERVICE CONNECTED
NO REGISTRATION FEE

APPLICANT'S SIGNATURE

DATE

CLAIM NUMBER

MAIL APPLICATION TO:

MVD VEHICLE SERVICES BUREAU - SPECIAL SERVICES SECTION
P.O. BOX 1028 - SANTA FE, NEW MEXICO 87504-1028

HANDICAPPED PERSON FEE APPLICABLE