



APPLICATION FOR DISABLED VETERAN PLATES

NAME OF DISABLED VETERAN (PRINT LAST, FIRST, MIDDLE)		ODL / CUSTOMER No.	
STREET ADDRESS	CITY	STATE	ZIP CODE

GENERAL INFORMATION

Disabled veteran plates **DO NOT** allow parking in designated disabled parking spaces. **You must have a Disabled Parking Placard to park in a disabled parking space.**

Permanent disabled veteran plates may be used by a veteran who has a service-connected disability that qualifies the person as a disabled veteran under ORS 805.100.

Disabled veteran plates may **not** be issued for a low speed, medium speed or commercial vehicle.

The disabled veteran plates must be returned to Oregon Driver and Motor Vehicle Services (DMV) when the vehicle is sold, unless the disabled veteran applies for transfer of the plates to another vehicle owned by the disabled veteran. Plates may be transferred by making application to DMV and paying the transfer fee. **Only one set of disabled veteran plates may be issued per disabled veteran and registration is permanent.**

If you need further assistance, contact your local DMV office, or call (503) 945-5000 or TTY (503) 945-5001. In the Portland area call (503) 299-9999.

TO APPLY FOR DISABLED VETERAN PLATES

1. You must complete and sign this form.
2. You must provide proof that you are a **disabled veteran** and that the **qualifying** disability is connected with service in the Armed Forces of the United States. Proof is considered any letter, or a DD214, from the US Department of Veterans Affairs or branch of the Armed Forces of the United States that certifies a service-connected disability.
3. You must also submit an "Application for Title and Registration" (Form 735-226), if applying for a title, or an "Application for Registration or Replacement Plates/Stickers" (Form 735-268).
4. If the vehicle is being registered within the boundaries specified by the Department of Environmental Quality (DEQ) and is not exempt from emission control requirements, a Certificate of Compliance with DEQ Emission testing is required.

I certify that the information on this application is true and correct and **there is not more than one disabled veteran plate issued per qualified disabled veteran in my household.**

SIGNATURE OF DISABLED VETERAN X	DATE
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If the disabled veteran cannot sign this application, the following statement must be completed.

I attest that the disabled veteran cannot sign this application and that all information on this application is true and correct.	SIGNATURE OF PERSON MAKING STATEMENT X	DATE
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