

APPLICATION FOR DISABLED PERSON LICENSE PLATE

DISABILITY STATEMENT

TO BE COMPLETED BY A PHYSICIAN:

- LICENSED TO PRACTICE MEDICINE IN TEXAS, OKLAHOMA, AND MISSOURI.
- PRACTICING MEDICINE IN A U.S. MILITARY INSTALLATION IN OKLAHOMA.
- PRACTICING MEDICINE IN A HOPITAL OR AOTHER HEALTH FACILITY OF THE DEPARTMENT OF VERTERANS AFFAIRS
- LICENSED OKLAHOMA PODIATRIST

I certify that _____ has a **physical disability**:

| DATE | PRINTED NAME OR PHYSICIAN OR PODIATRIST | PROFESSIONAL LICENSE NUMBER |
|------|---|-----------------------------|
|------|---|-----------------------------|

| STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------|-------|----------|
|----------------|------|-------|----------|

Signature of Physician or Podiatrist _____

On this date, _____, the above named physician or podiatrist, _____.

IMPORTANT! PHYSICIAN'S OR PODIATRIST'S SIGNATURE MUST BE NOTAIZED UNLESS A SEPARATE WRITTEN ORIGIAN PRESCRIPTION IS SUBMITTED. IF A SEPARATE PRESCRIPTON (MUST BE A SUBIMTTED WITHIN 2 MONTHS OF DATE ON PRESCRIPTION) IS SUBMITTED IN LIEU OF THE NOTARIZED PHYSICIAN'S SIGNATURE, THE PRESCRIPTION MUST INCLUDE THE DISABLED PERSON'S NAME.

- Disabled Person License Plate may be issued only to persons with disabilities (in which the person:
 1. Cannot walk without the use of or assistance from an assistance device, including a brace, crutch, another person or a prosthetic device; or
 2. Cannot ambulate without a wheelchair or similar device.
 3. Cannot walk 200 feet without stopping to rest or must use portable oxygen.
 4. Application must be renewed 4 years.
 5. Must be tribal member applying for disabled license plate.

| APPLICANT'S NAME | APPLICANT'S SIGNATURE |
|------------------|-----------------------|
|------------------|-----------------------|

| DRIVER'S LICENSE NUMBER | SENECA-CAYUGA TRIBAL ROLL NUMBER | DATE |
|-------------------------|----------------------------------|------|
|-------------------------|----------------------------------|------|

APPLICANTS STREET ADDRESS, CITY, STATE AND ZIP

Seneca-Cayuga Tax Commission
PO Box 453220
Grove, Oklahoma 74345
918-787-5452