



APPLICATION FOR DISABLED PERSON TAG AND/OR DISABLED PERSON LICENCE PLATE



Vehicle
Licensing
Department

WARNING! THE TRAFFIC LAW PROVIDES THAT FALSIFYING INFORMATION ON ANY DOCUMENT OR APPLICATION IS AN OFFENCE!

In accordance with THE TRAFFIC LAW, application is hereby made for:

- Temporarily Disabled Person (mobility-impaired) TAG (Fee \$5.00) - BLUE.
- Permanently Disabled Person (mobility-impaired) TAG (Fee \$5.00) - BLUE
- Two (2) Permanently Disabled Person (mobility-impaired) TAG (Fee \$10.00) - BLUE
- Disabled Person License Plate (Fee \$50.00)

Also, enclose current and/or previous year's license receipt) (\$10.00 per year).

- Temporarily Disabled Person (sight-impaired) TAG (Fee \$5.00) - Blue with Red Stripe.
- Permanently Disabled Person Blue (sight-impaired) TAG (Fee \$5.00) - Blue with Red Stripe.

NOTE: Only one set of Disabled Persons Plates may be issued

I, the undersigned, certify that I am

- Temporarily disabled
- Permanently disabled
- Making application on behalf of a temporarily or permanently disabled PERSON OR INSTITUTION

I understand the provisions of The Traffic Law relating to Disabled Person TAGS and Licence Plates.

I understand that to use OR ALLOW THE USE OF SUCH with intent to deceive could result in imprisonment for 12 months and/or a maximum fine of \$2,000.

APPLICANT'S NAME/INSTITUTION'S NAME:

APPLICANT'S SIGNATURE/ADMINISTRATOR'S SIGNATURE: _____

DRIVERS LICENCE OR PASSPORT NUMBER:

APPLICANT'S /OR INSTITUTION'S ADDRESS: _____
 PO BOX: _ _____
 HOUSE NUMBER: _____
 STREET NAME &: DISTRICT: _____
 TELEPHONE NUMBER/S: _____ / _____

<u>FOR OFFICIAL PURPOSES ONLY</u>	
<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Mobility -Impaired <input type="checkbox"/> Sight-Impaired	1.TAG #: _____ 2.TAG #: _____ 3. Lic. Plate #: _____ Date Issued: ___/___/___ Date Expires: ___/___/___ APPROVED BY: _____ Supervisor VL/OPS/Director SIGNED: _____ DATED: _____

INFORMATION ON VEHICLE (REQUIRED FOR ISSUANCE OF DISABLED PERSON'S LICENCE PLATES)

YEAR MODEL	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER

I, the undersigned, certify that I am the owner of the above-described vehicle(s) OR that the vehicle(s) is/are owned by an institution that qualifies for disabled Persons Licence Plates. I further certify that the vehicle(s) is/are regularly operated by or for the transportation of the disabled person named in the Disability Statement below or operated by the qualified institution for transportation of a disabled resident of such institution,

VEHICLE OWNER'S NAME OR INSTITUTION'S NAME	VEHICLE OWNER'S OR ADMINISTRATOR'S SIGNATURE	DATE

DISABILITY STATEMENT (TO BE COMPLETED BY A PHYSICIAN LICENSED BY THE CAYMAN ISLANDS MEDICAL BOARD TO PRACTICE MEDICINE IN THE CAYMAN ISLANDS)

I hereby certify that _____ whose
 Name of Disabled Person
 Date of Birth is _____ of _____ has a (check one):
Bldg /House # Street/District Address

- PERMANENT MOBILITY -RELATED disability or
- TEMPORARY MOBILITY- RELATED disability
- PERMANENT SIGHT-RELATED disability
- TEMPORARY SIGHT- RELATED disability

Complete the following ONLY in relation to TEMPORARY disability/ies.

It is anticipated that he/she will continue to be disabled for (check one of the following):

- three or less months
- six or less months
- nine or less months
- twelve or less months

Note: the maximum period for issuance of temporary TAGS is 12 months. If necessary, persons with continuing temporary difficulties may reapply at the expiry. Renewal applications should be made at least 14 days before expiry.

DATE	NAME OF PHYSICIAN

Signature of Physician: _____

**DO YOU QUALIFY FOR A DISABLED PERSONS' TAG
OR LICENCE PLATES?**



IF ONE OR MORE OF THE FOLLOWING CONDITIONS APPLY TO YOU OR A PERSON WHOM YOU REGULARLY TRANSPORT, YOU MAY APPLY FOR DISABLED PERSONS' TAG OR LICENCE PLATES.

- **Legally blind** -If the person has less than 20/200 of visual acuity in the better eye with correcting lenses or visual acuity greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.
- **Mobility problems** which substantially impairs the person's ability to walk. This includes any of the following situations where a person:
 1. Cannot walk 200 feet without stopping to rest;
 2. Cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device;
 3. Cannot ambulate without a wheelchair or similar device;
 4. Is restricted by lung disease to the extent that the person's forced respiratory volume for one second, measured by spirometry, is less than one litre, or the arterial oxygen tension is less, than 60 millimetres or mercury on room air at rest;
 5. Uses portable oxygen;
 6. Has 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 set by the American Heart Association;
 7. Is severely limited in the ability to walk because of an arthritic neurological, or orthopaedic condition; or has another debilitating condition that, in the opinion of a physician, licensed to practice medicine in the Cayman Islands, limits or impairs the person's ability to walk.
- **If you or a person, whom you regularly transport, qualifies for a Disabled Person License Plate or TAG, or have questions** regarding the above stated conditions, please contact your physician for a disability assessment.
- **The Director of Licensing cannot take a decision** to grant Disabled Persons TAGS or License Plates **until a Doctor has completed a Disability Assessment** (see bottom portion of application form - on overleaf).
- **Disabled Persons' License Plates** will generally only be issued to:
 - a) institutions directly concerned with the carriage of the Disabled (e.g. The Light House School), **or**
 - b) In the case of a private vehicle, where it is clear that the vehicle in question is adapted and being used primarily for the transportation of PERMANENTLY DISABLED PERSON/S; AND,
 - c) That the vehicle in question is the primary mode of transport for the disabled person (i.e. the intended beneficiary).