

Department of Vehicle & Drivers' Licensing
Section S 119 & 14 (5) Traffic Act (2021 Revision)



Application for Disabled Person Tag and/or Disabled Person Licence Plate

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

Disabled Applicant Details

First Name:	Last Name:	Date of Birth: (DD/MM/YYYY)	P.O. Box #:	Postal Code:
Email:	Street Address:	Island:	District:	Contact #:

In accordance with THE TRAFFIC ACT, 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
☐ Replacement of Disabled person parking TAG ☐ Permanent ☐ Temporary
☐ 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 Act relating to Disabled Person Tags and Registration Plates.

Number of Tags requested: _____

Number of Tags requested: _____

Also, enclose current and/or previous year's licence receipt.

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 Date of Birth is _____
Name of Disabled Person

of _____
(Address)

- ☐ PERMANENT MOBILITY - RELATED disability
☐ 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

Physician's Stamp or Seal

Disability Statement (To Be Completed By A Physician Licensed By The Cayman Islands Medical Board To Practice Medicine In The Cayman Islands)

Date Name of Physician Signature of Physician

For Official Purposes Only

☐ Temporary ☐ Permanent ☐ Mobility-Impaired ☐ Sight-Impaired Date Issued: _____ Date Expires: _____

Tag #: _____ Tag #: _____ Tag #: _____

Approved By Supervisor/Director Signature Date

Doctors are guided by references to the UK Medical Standards of Fitness to @ www.gov.uk.

DO YOU QUALIFY FOR A DISABLED PERSONS' TAG OR REGISTRATION 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 REGISTRATION 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 orthopedic 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 Registration Plate or TAG, or have questions** regarding the above stated conditions, please contact your physician for a disability assessment.
- **The Director of the Department of Vehicle & Drivers' Licensing cannot take a decision** to grant Disabled Persons TAGS or Registration Plates **until a Doctor has completed a Disability Assessment** (see bottom portion of application form - on overleaf)
- **Disabled Persons' Registration 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).