

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES

RENEWAL FOR DISABLED PERSON PARKING PERMIT

THERE IS NO FEE FOR THE RENEWAL OF A PERMANENT PARKING PERMIT

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes.

First Name Middle Name Last Name
Name of Disabled Person as printed on the Florida Driver License or Florida ID Card

Signature of Disabled Person, Parent or Guardian of Disabled Person

Florida Driver License Number or Florida Identification Card Number: _____

If applicable, check one of the following: I am a frequent traveler. I am a quadriplegic.

If a change of address is needed please complete below:

Street Address City State Zip Code

Please mail renewal to:
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Mail Stop 72
Neil Kirkman Building - Tallahassee, FL 32399-0620