

Application Instruction

To apply for Handicapped License Plates complete, in full, the Applicant Information and Vehicle Information sections of the application, present it to a licensed physician, physician assistant, or nurse practitioner for completion of the Medical Certification portion, and mail the completed application to:

**Wyandotte Nation
Tax Commission
8 Turtle Dr.
Wyandotte, OK 74370**

Once the application has been processed, an approval letter will be sent to the handicapped applicant. The applicant may then contact the Tax Commission office to finalize the details of transferring for their regular Wyandotte Nation license plate to the Handicapped license plate. There will be a fee of \$10 to make this transfer to cover the cost of the license plate and the Title.

Important Information

- It is illegal to alter, forge, counterfeit or falsify a plate.
- The Plate must be surrendered to the Tax Commission within 60 days of the death of the disabled person.
- Any information contained in this application will be available to local public enforcement of the agencies responsible for the enforcement of parking regulations.

Expiration and Renewal

Handicapped license plates shall be renewable on a yearly basis as with regular Wyandotte Nation license plates. Additionally, individuals will be required every six years to resubmit an application for Handicapped certification.

For questions concerning Handicapped License Plates or to request an application, please contact the Wyandotte Nation Tax Commission at the above address or by calling (918)678-6353.

Application for Handicapped License Plate

Applicant Information

Please Print Legibly

Date: _____

Name of Handicapped Applicant: _____

Date of Birth: _____ Phone Number: _____

Address: _____
City State Zipcode

I am aware of my rights, duties and responsibilities regarding possession and use of a Handicapped License Plate and the penalties provided by for handicapped parking violations

Handicapped Applicant's Signature: _____

Vehicle Information

Vehicle Owner Name(s): _____

VIN: _____

Year: _____ Make: _____ Model: _____

Medical Certification

This section must be completed by a Licensed Physician, Physician Assistant, or Nurse Practitioner

I certify that the applicant named above has at least one (1) of the following medical conditions:

- Visual impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.
- Physical impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.
- Respiratory problems which limit personal mobility.
- A cardiac condition to the extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association.
- Permanent loss of all or substantially all the use of one or more limbs.

I certify that the applicant named above meets the medical criteria established for the issuance of Handicapped License Plates

Certifier's Name/Company _____ Phone Number _____

Address: _____
City State Zipcode

Signature: _____ Title: _____ Date: _____