MVD

Taxation & Revenue Department - Motor Vehicle Division

APPLICATION FOR MOBILITY LIMITED (HP) LICENSE PLATE



NOTE: Applicant and vehicle information MUST be as shown on the vehicle's current registration form.

Applicant Information				
Name				Date of Birth
Resident Address				NM Driver License Number
City			State	Zip Code
Email Address				Phone Number
Vehicle Information				
Year Make			Model	
Vehicle (VIN) Identification #				License Plate Number
I hereby certify that the information given above is true and correct to the best of my knowledge.				
Signature of Applicant			Date	
Physician Information				
Name of Licensed Physician				License Number
Business Address			Email Address	-
City		State	Zip Code	Phone Number
Physician Medical Statement & Certification				
 The applicant identified above is eligible per Section 66-3-16 NMSA 1978 for a mobility limitation (HP) license plate on one or more vehicles owned by the applicant, because he or she (check all that apply). Cannot walk 100 feet without stopping to rest; cannot walk without the use of a brace, cane or crutch or without assistance from another person, a prosthetic device, a wheelchair or other assistive device; is restricted by lung disease to such an extent that the person's forced respiratory volume, when exhaling for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty millimeters on room air at rest; uses portable oxygen; has a severe cardiac condition; or is so severely limited in the ability to walk due to an arthritic, neurologic or orthopedic condition that the person cannot ascend or descend more than 10 stair steps. I certify that the information provided above is true and correct to the best of my knowledge. 				
Signature of Physician				Date
Mail this comp application an		Motor Vehicle Division Attn: Vehicle Services P.O. Box 1028 Santa Fe, NM 87504-102		HANDICAPPED