Signature

## **Business Entity Disability Plates and Placard Application**

Name of Business Entity	Phone N	Phone Number	
Name of Individual Completing Form	Employe	Employee ID Number	
Physical Address			
City	State	ZIP	
Mailing Address (if different from above)			
City	State	ZIP	
Business entities (i.e., nursing home, care facility, etc.) that transport disabilities plate or placard from the County Motor Vehicle Office in Business entities may be issued one person with disability plate or platransport people with disabilities. Vehicles must be titled in the name of	the county where the acard per vehicle owne the business entity.	business entity is located.  In the document of the business entity to	
Number of plates (registration receipts or titles must be provided at each vehicle).	time of application to		
Number of placards (registration receipts or titles must be provided for each vehicle).	at time of application		
There is no fee for persons with disabilities placards. Business entities n	nust pay all required ta	xes and fees for plates.	
A letter on business entity letterhead, signed by the executive officer, or the vehicle(s) is also required to accompany this application.	equivalent, of the busin	ness entity stating the use of	
I certify, under penalty of perjury, that I understand that I am responsible Statutes 42-3-204 and 42-4-1208. I further understand that violation of may result in fines and penalties up to \$5,000, incarceration and communications.	the requirements in the	e statutes referenced above	

Date