



# Handicap Permit Request Quick Reference Guide

## Open Handicap Permit Request

1. Enter the following URL in internet browser window: [dmv.nebraska.gov/services](http://dmv.nebraska.gov/services); click on Vehicle, click on Handicap Parking Permits (Med Professionals Only).
2. Enter the Medical License Number and DEA Number for the certifying health care provider (i.e. physician, physician assistant, or advanced practice registered nurse), click on "Login"

## Medical Professional Information

1. First time use – all fields will need to be completed:
  - a. Company – ex. Nebraska Family Wellness
  - b. Certifier's Name – ex. John L. Smith
  - c. Title – ex. MD
  - d. Phone – ex. 402-555-5555
  - e. Exam Location – ex. Main Office
  - f. Address 1 – ex. 123 Smith St
  - g. Address 2 – ex. PO Box 99999
  - h. City
  - i. State
  - j. Zip Code
2. If the certifying health care provider sees patients at multiple offices, click "Save & Add Another Location"; add the second location by typing over the Exam Location Name and address fields, click "Save & Add Another Location" (if there is a third location to enter) or "Save & Continue"
3. If using only one office, click "Save & Continue"
4. Returning users may update fields, add another office, or simply click "Save & Continue"

## Patient Information

Search for patient:

1. Enter first name or first initial of patient
2. Enter full last name of patient
3. Enter date of birth (mm/dd/ccyy) or select from drop down lists – date, month, year (ex. 26 March 1946)
4. Click on Search

No record found:

1. Click on "Create New Permit Application"
2. Select exam location from drop down menu (if more than one is saved)
3. Complete all fields:
  - a. Full first name
  - b. Full last name
  - c. Click on radial button for male or female
  - d. Enter date of birth (mm/dd/ccyy) or select from drop down lists – date, month, year (ex. 26 March 1946)
  - e. Address 1 – ex. 123 Smith St
  - f. Address 2 – ex. PO Box 99999
  - g. City
  - h. State
  - i. Zip Code
  - j. Click on radial button for Proof of Identification provided by the patient; if other is selected, enter

what type of documentation was presented (must contain name and date of birth)

- k. Click on radial button for type of permit desired – permanent or temporary; if temporary select a recovery period from the drop down list
- l. Click on radial button for which medical condition is present (must be one of these to qualify for permit); if more than one select either
- m. Click on "Submit"
- n. If errors are identified correct and "Submit"

If record found:

1. Verify this is your patient
2. Click one of the options available ("Issue New Permit" or "Renew Permit"); if patient has the maximum number of permits (2) and is not within 180 days of renewal of a permit no options will be available
3. Select exam location from drop down menu
4. Verify/update name, gender, date of birth, and address
5. Click on radial button for Proof of Identification provided by the patient; if other is selected, enter documentation containing name and date of birth was presented
6. Click on radial button for type of permit desired – permanent or temporary; if temporary selected a recovery period from the drop down list
7. Click on radial button for which medical condition is present (must be one of these to qualify for permit); if more than one select either
8. Click on "Submit"
9. If errors are identified correct and "Submit"

## Review for Submission

This page offers you the opportunity to view, edit or delete the permits entered by you. Once you have reviewed, click on "Submit Permits" to submit to the DMV.

## Permits Issued this Session

This page offers you the opportunity to create a record of the applications you have generated. Click on "Generate Receipt" and a record will be created in .pdf format. Once generated you have the option of printing or saving. If saving the record may be made part of the patient's electronic medical records. (Click on your browser's back button to return to the application.)

## Medical Definitions

At the top of each page of the application process is a link to a document which outlines who is eligible for a handicapped parking permit. Please feel free to print this document to provide to patients.

## Logout

Click on "logout" to exit the application.

## Demo

An online demo and an electronic version of this document are available on the Welcome page.



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## General Handicap Parking Permit Rules/Information

1. Medical professionals authorized to certify medical conditions for the purpose of handicap parking permit issuance include the following:
  - a. Physicians
  - b. Chiropractors
  - c. Physician Assistants
  - d. Advanced Practice Registered Nurse
2. There are two types of permits available:
  - a. Permanent Permit – issued for a qualifying disability which is expected to last for more than one year.
  - b. Temporary Permit – issued for a qualifying disability which is expected to last for less than one year. Minimum validity period is three months; maximum is six months based on the expected recovery period of the patient.
3. Each patient is entitled to hold two permits (two permanent or two temporary permits).
4. All new and renewal permanent permits expire on the last day of the month of birth of the holder six years after issuance.
5. Permanent permits may be renewed up to 180 days prior to expiration; however, the DMV cannot mail the renewed permit to the patient until 10 days prior to the expiration of the current permit.
6. Temporary permits may be renewed up to 30 days prior to expiration and may only be renewed once. If a temporary permit has been renewed once and recovery has not occurred at time of expiration of the renewed permit, the patient may be issued a permanent permit. Renewed permits are mailed to the patient 10 days prior to the expiration of the current permit.
7. A patient must present proof of identification to the medical professional completing the online application process. The proof of identification must contain the patient's name and date of birth. Most generally proof of identification is one of the following:
  - a. Medical Insurance Card
  - b. Driver License/Permit/ID Card
  - c. Birth Certificate
  - d. Passport
8. Nebraska law provides you with the specific medical conditions under which a patient will qualify for a handicap parking permit. A patient must have one of the medical conditions listed below and such condition must limit his/her personal mobility resulting in an inability to travel more than two hundred (200) feet without stopping or without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
  - a. Visual impairment
  - b. Physical impairment
  - c. Neurological impairment
  - d. Respiratory problems
  - e. A cardiac condition to extent 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.
  - f. Permanent loss of all or substantially all the use of one or more limbs.