

## New Mexico Taxation & Revenue Department - Motor Vehicle Division

## **APPLICATION FOR MOBILITY** LIMITATION (HP) LICENSE PLATE



Registered Owner Information													
Applicant's Full Name Dat										Date	of Birth	Telephone Number	
Address NM I										NM E	Driver's License Number		
City, State, Zip Code Em.										Emai	ail Address		
Vehicle Information													
Year	Make Model											Body Type (Serie	s)
Vehicle Identification	Number (VII								Current License Plate Number				
Note: For additional vehicle(s) owned by the same applicant, separate form(s) may be attached with vehicle information only.													
Physician Information													
Licensed Physician's Name											License or Other Identifying Number		
Business Address													
City, State, Zip Code											Area Code/Telephone 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.													
Physician's Signat	ure						Date						
Applicant's Certification													
I hereby certify th		nation gi	ven in	this a	applicatio		ue and	d corre	ct.				
					М	ail A <sub>l</sub>	pplic	ation	n To				
New Mexico Motor Vehicle Division  MVD Vehicle Services Bureau – Special Services Section  P.O. Box 1028													

Santa Fe, NM 87504-1028