



## DISABLED TOLL PERMIT RENEWAL FORM

**Allow six (6) to eight (8) weeks from the time we receive your completed application for processing.  
 All completed applications must be MAILED -- NO ELECTRONIC DELIVERIES, THIS INCLUDES EMAIL AND FAX.**

APPLICANT INFORMATION		
FIRST Name	MIDDLE Name	LAST Name
Area Code      Phone	Date of Birth [Month, Day, Year]	
Address		Apt. #
City	State	Zip Code
ORANGE DISABLED TOLL PERMIT NUMBER		
Orange Permit #		
APPLICANT DRIVERS LICENSE INFORMATION		
Florida License #	Other State _____ License #	
APPLICANT VEHICLE INFORMATION		
Vehicle Year	Vehicle Make	Model
VIN #	Permanent License Plate #	
Vehicle Registered To		

- Proof of Insurance is REQUIRED - ATTACH A COPY OF YOUR VEHICLE INSURANCE CARD with the APPLICATION**
- If vehicle has changed, then proof vehicle was modified with accessibility equipment is REQUIRED – ATTACH A COPY OF PAID ADAPTIVE EQUIPMENT INVOICE with the APPLICATION**

If the vehicle for which this permit was issued is sold, traded or otherwise disposed, I shall be responsible for removing the decal and returning it to the Florida Commission for the Transportation Disadvantaged at the above address for a REPLACEMENT. If the individual for which this permit was issued is no longer eligible or is deceased, the permit will become null and void and shall be returned to the Florida Commission for the Transportation Disadvantaged at the above address.

I **certify** that all information I have provided on this application is accurate and I meet the qualifications for a toll permit, as defined in the Beverly Chapman Act, Section 338.155 F.S., on the reverse side. I have provided a disability statement from either a licensed physician's or the Adjudication Office that I do have **severe and permanent upper limb** mobility or dexterity impairments that **substantially impair** my ability to deposit coins into coin baskets. I also certify that I have a valid driver's license and operate the **specialty equipped vehicle** listed on this application.

I **understand** that providing false information to obtain this permit and/or failure to abide by the policies indicated above will result in revocation of all Tolls Permits and Non-Revenue SunPass Transponders and/or possible legal action by the Florida Department of Transportation or appropriate authority.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

### PHYSICIAN'S/ADJUDICATION OFFICER'S CERTIFICATION

This is to certify that \_\_\_\_\_ is **SEVERELY** physically disabled AND has **PERMANENT**  
*Applicant's Name [PLEASE PRINT]*  
**UPPER LIMB** mobility or dexterity impairments, which **SUBSTANTIALLY IMPAIRS** the named individual's **ABILITY TO DEPOSIT COINS IN TOLL BASKETS**, as described in Chapter 338.155, Florida Statutes, see *Beverly Chapman Act* on reverse side of application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
*Physician's/Adjudication Officer's Name [PLEASE PRINT]*

A licensed physician under Chapter 458 or 459, Florida Statutes, or by the Adjudication Office of the Veterans Administration.

\_\_\_\_\_  
**Signature of Physician/Adjudication Officer**

\_\_\_\_\_  
**Date**

### PHYSICIAN'S/ADJUDICATION OFFICER'S INFORMATION

Name [Last, First, Middle Initial]

Medical License Number      State      Area Code      Phone#

Address

City      State      Zip Code

### OFFICIAL USE FOR FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

License _____ <span style="font-size: x-small; margin-left: 20px;"><i>Staff      Date</i></span>	Tag/VIN # _____ <span style="font-size: x-small; margin-left: 20px;"><i>Staff      Date</i></span>	Physician _____ <span style="font-size: x-small; margin-left: 20px;"><i>Staff      Date</i></span>	Eligible/Rejected _____ <span style="font-size: x-small; margin-left: 20px;"><i>Staff      Date</i></span>
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Permit # \_\_\_\_\_ is hereby authorized for use by the **Applicant Named** above Certified by \_\_\_\_\_  
*Florida Commission for the Transportation Disadvantaged*



**"Beverly Chapman Act"**  
(P.L. 88-252)

Section 338.155, F.S.

Payment of toll on toll facilities required; exemptions.

(1) No persons are permitted to use any toll facility without payment of tolls, except employees of the agency operating the toll project when using the toll facility on official state business, state military personnel while on official military business, handicapped persons as provided in this section, persons exempt from toll payment by the authorizing resolution for bonds issued to finance the facility, and persons exempt on a temporary basis where use of such toll facility is required as a detour route. Any law enforcement officer operating a marked official vehicle is exempt from toll payment when on official law enforcement business. Any person operating a fire vehicle when on official business or a rescue vehicle when on official business is exempt from toll payment. The secretary, or the secretary's designee, may suspend the payment of tolls on a toll facility when necessary to assist in emergency evacuation. The failure to pay a prescribed toll constitutes a noncriminal traffic infraction, punishable as a moving violation pursuant to s. 318.18. The department is authorized to adopt rules relating to guaranteed toll accounts.

(2) Any person driving an automobile or other vehicle belonging to the Department of Military Affairs used for transporting military personnel, stores, and property, when properly identified, shall, together with any such conveyance and military personnel and property of the state in his or her charge, be allowed to pass free through all tollgates and over all toll bridges and ferries in this state.

**(3) Any handicapped person who has a valid driver's license, who operates a vehicle specially equipped for use by the handicapped, and who is certified by a physician licensed under chapter 458 or chapter 459 or by comparable licensing in another state or by the Adjudication Office of the United States Department of Veterans Affairs or its predecessor as being severely physically disabled and having permanent upper limb mobility or dexterity impairments which substantially impair the person's ability to deposit coins in toll baskets, shall be allowed to pass free through all tollgates and over all toll bridges and ferries in this state. A person who meets the requirements of this subsection shall, upon application, be issued a vehicle window sticker by the Department of Transportation.**

(4) A copy of this section shall be posted at each toll bridge and on each ferry.

(5) The Department of Transportation shall provide envelopes for voluntary payments of tolls by those persons exempted from the payment of tolls pursuant to this section. The department shall accept any voluntary payments made by exempt persons.

(6) Personal identifying information provided to, acquired by, or in the possession of the Department of Transportation, a county, or an expressway authority for the purpose of using a credit card, charge card, or check for the prepayment of electronic toll facilities charges to the department, a county, or an expressway authority is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.