

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES

**RENEWAL FOR DISABLED PERSON PARKING PERMIT**

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**\*THERE IS NO FEE FOR THE RENEWAL OF A PERMANENT PARKING PERMIT\***

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes.

\_\_\_\_\_  
First Name                      Middle Name                      Last Name  
Name of Disabled Person as printed on the Florida Driver License or Florida ID Card

\_\_\_\_\_  
Signature of Disabled Person, Parent or Guardian of Disabled Person

Florida Driver License Number or Florida Identification Card Number: \_\_\_\_\_

If applicable, check one of the following:     I am a frequent traveler.     I am a quadriplegic.

\_\_\_\_\_  
If a change of address is needed please complete below:

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code  
\_\_\_\_\_

**Please mail renewal to:**

**Leon County Tax Collector's Office  
Post Office Box 1835  
Tallahassee, Florida 32302-1835**