## **STATE OF ARKANSAS**

## VEHICLE OWNER'S APPLICATION FOR ISSUANCE OF VAN ACCESSIBLE DECAL PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION

TO BE COMPLETED BY A PHYSICIAN						
Name of Physician or Advanced Registered Nurse (Print of Type):						
Medical Licence Number						
Medical License Number:						
Address						
City, State, Zip						
I hereby certify that the applicant below has limited or no use of his or her legs.						
Charles A that						
Signature Authority:			Date:			
		TO DE COMPLETED DV AD	DUCANT			
Vehicles guelifi	TO BE COMPLETED BY APPLICANT  Vehicles qualified to display special decal are as follows: Passenger Vehicles, 1 ton trucks and vans					
-		which are used only for person	_			
-			onai transpor	tation, light t	iucks aliu valis	
½ and ¾ ton as rated by the manufacturer.  Please indicate where the special decal will be affixed by checking the appropriate Box:						
ricuse maleute where the special detail will be unixed by thetaking the appropriate box.						
☐ Placard	Only	$\square$ Plate Only		Plate and Pla	card	
(Vehicle Description I	not applicable)	(Complete Vehicle Description)	(Comp	olete Vehicle Desc	ription)	
VEHICLE DESCRIPTION						
		VEHICLE DESCRIPTION	JIN			
License No		VIN VIN	YEAR	MAKE	MODEL	
License No				MAKE	MODEL	
	that as the occ		YEAR			
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