



## DISABLED TOLL PERMIT REPLACEMENT REQUEST FORM

For Use by Existing Orange Disabled Toll Permit Patrons ONLY

**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 #	
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**

REASON FOR REPLACEMENT – Please indicate the reason for Replacement:

- **My Vehicle has Changed**
  - **Proof vehicle was modified with accessibility equipment is REQUIRED – ATTACH A COPY OF PAID ADAPTIVE EQUIPMENT INVOICE with the APPLICATION**
- **My Orange Permit was Damaged, Lost or Stolen**

Please send me a **NEW ORANGE PERMIT, NEW ELIGIBILITY LETTER** and a **SUNPASS NON-REVENUE MINI TRANSPONDER APPLICATION FORM** for the **VEHICLE INFORMATION** provided above.

REASON FOR REPLACEMENT – Please indicate the reason for Replacement:

- **My Address has Changed**
- **My License Plate # Changed**

Please send me a **NEW ELIGIBILITY LETTER** and a **SUNPASS NON-REVENUE MINI TRANSPONDER APPLICATION FORM** for the **VEHICLE INFORMATION** provided above.

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

OFFICIAL USE FOR FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED			
License _____ <small>Staff      Date</small>	Tag/VIN # _____ <small>Staff      Date</small>	Physician _____ <small>Staff      Date</small>	Eligible/Rejected _____ <small>Staff      Date</small>
Permit # _____ is hereby authorized for use by the <b>Applicant Named</b> above Certified by _____ <span style="float: right;"><i>Florida Commission for the Transportation Disadvantaged</i></span>			



**"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](#) 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.