



STATE OF FLORIDA
 COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
 C/O FLORIDA DEPARTMENT OF TRANSPORTATION
 605 Suwannee Street, MS-49
 Tallahassee, Florida 32399-0450
 1-800-983-2435/1-850-410-5700
www.dot.state.fl.us/ctd



Application for
ADDITIONAL OR REPLACEMENT
DISABLED TOLL PERMIT

**** For use by existing Orange Toll Permit patrons ONLY****

MR MS

FIRST Name _____

MIDDLE Name _____

LAST Name _____

Address _____

Apt. _____ Date of Birth _____

City _____

State _____ Zip _____

Area Code (____) Phone Number _____ - _____

Drivers License # _____

Florida Other (Specify state) _____

Orange Permit # _____ Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Name Vehicle Registered To _____

VIN # _____

License Plate # _____

Please send me:

- I have already transferred my orange permit to the *replacement* vehicle. Please send me a new ELIGIBILITY LETTER ONLY.
- I was not able to transfer my orange permit to the *replacement* vehicle. Please send me a NEW permit.
- Please send me a permit for the *additional* vehicle above. (*Additional Permits are issued to existing permit patrons for an additional vehicle.*)

I understand that providing false information to obtain this permit will result in revocation of all Toll Permits and Non-Revenue SunPass Transponders issued to me and/or possible legal action by the Florida Department of Transportation or appropriate authority.

Applicant's SIGNATURE _____

Date _____

*****OFFICE USE ONLY*****

Eligible _____ NOT Eligible _____ Sent _____
 Staff Date Staff Date Staff Date

Permit # _____ is hereby authorized for use by _____

this _____ day of _____ 20____. Certified by: _____
 Florida Commission for the Transportation Disadvantaged