



Kentucky Transportation Cabinet
Department of Vehicle Regulation
Division of Motor Vehicle Licensing

TC 96-204
01/2016

**APPLICATION FOR DISABLED PERSON'S SPECIAL
PARKING PERMIT**

INSTRUCTIONS: Complete this form and forward to your County Clerk.

SECTION 1: APPLICANT INFORMATION *(to be completed by applicant before submitting to a physician)*

Issuance 2nd Permit Renewal Replacement

Name _____ Phone _____
(Individual or Organization)

Address _____
(Street or Post Office) (City) State Zip

Date of Birth _____
(mm/dd/yy)

Check all that apply:

- Placard or License Plate
- Applicant now holds disabled parking plate or placard license # _____
- Applicant now holds disabled veteran license # _____

(Signature of Applicant) (FED ID/SSN)

Subscribed and attested before me this date ____ / ____ / ____ . My Commission expires ____ / ____ / ____ .

Attesting Official or Notary Signature & Title _____

SECTION 2: LICENSED PHYSICIAN CERTIFICATION *(not valid if Section 1 is incomplete)*

I certify that the applicant is a person with disabilities which limit or impair the ability to walk 200 feet without stopping; without the use of assistance device; without portable oxygen; due to arthritic, neurological, or orthopedic condition; because they are restricted by lung disease; or because they have a cardiac condition in compliance with KRS 186.042 and KRS 189.456.

CHECK ONE: Permanent disability valid for (2) years Temporary disability valid for (3) months

(Signature of Licensed Physician, Chiropractor, or Advanced Practice Registered Nurse)

(Printed Name of Licensed Physician, Chiropractor, or Advanced Practice Registered Nurse) (License #)

FOR COUNTY CLERK'S USE ONLY

I hereby attest that the applicant is obviously disabled in compliance with KRS 186.042 and KRS 189.456 and should be issued a special parking permit.

Signature of Clerk _____ County _____

Previous Placard # _____ Expires _____

New Placard # _____ Expires _____

Replacement Reason _____