



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 _____