



KENTUCKY TRANSPORTATION CABINET  
 Department of Vehicle Regulation  
 DIVISION OF MOTOR VEHICLE LICENSING

TC 96-347  
 Rev. 05/2020  
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**APPLICATION FOR DISABLED LICENSE PLATE  
 OR PARKING PLACARD**

**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  2<sup>nd</sup> Placard  Renewal  Replacement

NAME (individual or organization)		DATE OF BIRTH	PHONE
ADDRESS (street or post office)	CITY	STATE	ZIP

**Check all that apply:**

- Parking Placard or  Disabled License Plate
- Applicant now holds disabled license plate or parking placard # \_\_\_\_\_
- Applicant now holds disabled veteran license plate # \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Applicant) \_\_\_\_\_  
 (FED ID/SSN/DLN)

Subscribed and attested before me this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
 MM DD YYYY MM DD YYYY

My commission #: \_\_\_\_\_  
 \_\_\_\_\_  
 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 who has a severe visual, audio, or physical impairment which limits or prevents his or her ability to walk in compliance with KRS 186.042 or KRS 189.456, or KRS 189.458.

**Disabled Parking Placard (Blue-6 years)**

\_\_\_\_\_  
 (Signature of Licensed Physician, Physician Assistant, Chiropractor, or Advanced Practice Registered Nurse) \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of Licensed Physician, Physician Assistant, Chiropractor, or Advanced Practice Registered Nurse)

**Temporary Disabled Parking Placard (Red-3 months)**

\_\_\_\_\_  
 (Signature of Licensed Physician, Physician Assistant, Physical Therapist, Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse) \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of Licensed Physician, Physician Assistant, Physical Therapist, Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse)

**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: _____	