



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  2<sup>nd</sup> 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 \_\_\_\_\_