



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-204
 Rev: 4/2013

APPLICATION FOR DISABLED PERSONS SPECIAL PARKING PERMIT

(Complete and forward to your County Clerk.)

Issuance **2nd Permit** **Renewal** **Replacement**

SECTION 1 – TO BE COMPLETED BY APPLICANT BEFORE SUBMITTING TO A PHYSICIAN

Name: JANE DOE Phone: 859-253-0000
(Individual or Organization)

Address: 123 MAIN ST. LEXINGTON KY 40507
(Street or Post Office) (City) (State) (Zip Code)

Check all boxes that apply:

- Placard "or" License Plate (for Permanent only)
- Applicant now holds disabled parking plate "or" placard license No. _____
- Applicant now holds disabled veteran license No. _____

Jane Doe 000-00-0600
(Signature of Applicant) (FED ID/SS/DLN)

Subscribed and attested before me on this date 01 06 13 My Commission expires 12 / 31 / 16
MM DD YY MM DD YY

John Q. Public
(Attesting Official or Notary Signature and Title)

SECTION 2 – TO BE COMPLETED BY A LICENSED PHYSICIAN
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; restricted by lung disease; or has a cardiac condition in compliance with KRS 186.042.

- CHECK ONE:**
- Permanent Disability Valid for (2) Years
 - Temporary Disability Valid for (3) Months

Dr. T. Jones DR. JONES License # 0000000A
(Signature of Licensed Physician) (Signature of Adv. Practice Registered Nurse for Plate or Decal ONLY) (Printed Name of Physician/or Adv. Practice Registered Nurse)

COUNTY CLERK'S USE ONLY

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

Signature of Clerk _____ County _____
 Previous Placard # _____ Expires _____
 New Placard # _____ Expires _____
 Replacement Reason: _____