



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

TC 96-347
 Rev. 09/2018
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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 2nd Placard Renewal Replacement

NAME (individual or organization) <u>Jane Doe</u>		DATE OF BIRTH <u>01-01-1950</u>	PHONE <u>859-253-0000</u>
ADDRESS (street or post office) <u>123 Main ST</u>	CITY <u>Lexington</u>	STATE <u>Ky</u>	ZIP <u>40507</u>

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 # _____

Jane Doe _____ 000-00-0000 _____
 (Signature of Applicant) (FED ID/SSN)

Subscribed and attested before me this date 09 / 14 / 2018 My Commission expires 12 / 31 / 2020
 MM DD YYYY MM DD YYYY

Attesting Official or Notary Signature & Title John Q Public

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)

Dr T Jones _____ 9-14-2018 _____
 (Signature of Licensed Physician, Chiropractor, or Advanced Practice Registered Nurse) (Date)

Tom Jones MD _____
 (Printed Name of Licensed Physician, 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: _____