



Kentucky Transportation Cabinet
 Division of Motor Vehicle Licensing
**APPLICATION FOR DISABLED PERSON'S SPECIAL
 PARKING PERMIT**
 (Complete and forward to your County Clerk.)

TC 96-204
 August 2011

SECTION 1 – TO BE COMPLETED BY APPLICANT

Name: _____ Phone: _____

Address: _____
(Street or Post Office) (City) (State) (Zip Code)

VIN of the vehicle owned or leased by a person with a disability _____

- CHECK ONE:
- License Plate or Placard
 - Applicant now holds disabled parking license/placard No. **HP** _____
 - Applicant now holds disabled veteran license/placard No. **HV** _____
 - County Clerk attests that applicant is obviously disabled in Section 2 below.
 - A licensed physician signs statement that applicant is disabled in Section 3 below.

(Signature of Applicant) (Applicant's Social Security Number)

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires _____, 20 _____
(Signature of Person Attesting Oath)

SECTION 2 – TO BE COMPLETED BY COUNTY CLERK

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

Signature of Clerk _____ County _____

Section 3 need not be completed when Section 2 is completed.

SECTION 3 – TO BE COMPLETED BY A LICENSED PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE

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 assistant 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: This is a
- Permanent Disability
 - Temporary Disability

Signature of Licensed Physician/APRN _____

Printed Name of Physician/APRN _____ License # _____

COUNTY CLERK'S USE ONLY

Previous Placard # _____ Expires _____

New Placard # _____ Expires _____

Replacement Reason: _____