

KENTUCKY TRANSPORTATION CABINET  
DEPARTMENT OF VEHICLE REGULATION  
Division of Motor Vehicle Licensing  
Frankfort, Kentucky 40622

TC 96-205  
Rev. 8/98

APPLICATION FOR SPECIAL REGISTRATION PLATE  
FOR DISABLED PERSONS

**Section 1** (To be completed by applicant)

Name of Applicant (or Agency\*): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State, Zip Code)

Serial Number of Vehicle Owned by Applicant: \_\_\_\_\_

- I certify that I (or my agency) am eligible for a disabled motorcycle plate.
- I certify that I (or my agency) am eligible for a \_\_\_\_\_ special disabled plate.
- I certify that I (or my agency) am eligible for a disabled plate.

\_\_\_\_\_  
(Signature of Applicant) (Date)

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**Section 2** (To be completed by County Clerk if disability is obvious)

Special Registration Number issued to Above Applicant: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Clerk) (County)

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**Section 3** (To be completed by physician if disability is not obvious\*\*)

I certify, pursuant to KRS 186.042, that the applicant is a person with disabilities which limit or impair the ability to walk, a person who has lost the use of an arm, or a person who is blind.

The disability is  Permanent  Temporary

\_\_\_\_\_  
(Signature of Physician) (Date)

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\* Disabled plates are also available to agencies which provide transportation for the disabled as part of their services

\*\* See reverse side for the statutory definition of "A DISABILITY WHICH LIMITS OR IMPAIRS THE ABILITY TO WALK."

1. ***“Persons with disabilities which limit or impair the ability to walk”*** means persons who, as determined by a licensed physician:
  - a. Cannot walk two hundred (200) feet without stopping to rest;
  - b. Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisting device;
  - c. Are restricted by lung disease to the extent that the person’s forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest;
  - d. Use portable oxygen;
  - e. Have cardiac condition to the extent that the person’s functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or
  - f. Are severely limited in their ability to walk due to an arthritic, neurological or orthopedic condition.