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KENTUCKY TRANSPORTATION CABINET
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, Kentucky 40602-2014

TC 96-204
Rev. 10/98

APPLICATION FOR DISABLED PERSONS SPECIAL PARKING PERMIT

SECTION 1 - TO BE COMPLETED BY APPLICANT

NAME: _____ PHONE: _____

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

- CHECK ONE: Applicant now holds disabled parking license No. **HP** _____
 Applicant now holds disabled veteran license No. **HP** _____
 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) (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 and should be issued a special parking permit.

Signature of Clerk _____ County _____

SECTION 3 - TO BE COMPLETED BY A LICENSED PHYSICIAN

I certify that the applicant is a person whose mobility, flexibility, coordination, respiration, or perceptiveness is significantly reduced by disability to that person's arms, lungs, heart, ears, or eyes.

- CHECK ONE: This is a Permanent Disability
 Temporary Disability

Signature of Licensed Physician _____

Printed Name of Physician _____ (or) License # _____

COUNTY CLERK'S USE ONLY

Previous Placard # _____ Expires _____

New Placard # _____ Expires _____

Replacement Reason: _____
