

Please Print

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

TC 96-204
Rev. 10/96

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. **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)

(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, legs, 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: _____