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)*		**DATE OF BIRTH**	**PHONE**
ADDRESS (*street or post office*)	**CITY**	**STATE**	**ZIP**

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 # _____

_____ _____

(Signature of Applicant) *(FED ID/SSN/DLN)*

Subscribed and attested before me this date ____ / ____ / ____. My commission expires ____ / ____ / ____.
MM DD YYYY MM DD YYYY

My commission #: _____ _____

Attesting Official or Notary Signature & Title

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)**

_____ _____

(*Signature of Licensed Physician, Physician Assistant, Chiropractor, or Advanced Practice Registered Nurse*) (*Date*)

_____

(Printed Name of Licensed Physician, Physician Assistant, 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: