### 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)

- **Name (individual or organization)**
- **Date of Birth**
- **Phone**
- **Address**
- **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: