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)

<table>
<thead>
<tr>
<th>NAME (individual or organization)</th>
<th>DATE OF BIRTH</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (street or post office)</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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 _____ / _____ / ______.

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: ____________________________