



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
 DIVISION OF MOTOR VEHICLE LICENSING

TC 96-347
 Rev. 05/2020
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**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 <i>(individual or organization)</i>		DATE OF BIRTH	PHONE
ADDRESS <i>(street or post office)</i>	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: _____