

**APPLICATION FOR HANDICAPPED PARKING PERMIT**

INSTRUCTIONS ON THE REVERSE SIDE

<p><b>Please mark one:</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> <b>Renewal</b> – Previous Permit # _____</p> <p><input type="checkbox"/> <b>Duplicate</b> – Original Permit # _____</p>	<p><b>Please mark one:</b></p> <p><input type="checkbox"/> <b>Permanent</b></p> <p><input type="checkbox"/> <b>Temporary</b> – Limited mobility expected to be temporary</p> <p><input type="checkbox"/> <b>Vehicle</b> – License Plate # _____</p>
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**(Please PRINT)**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
 (Last, First, Middle Initial) (Month, Day, Year)

**Address:** \_\_\_\_\_  
 (Street, Route, PO Box) (City) (Zip)

**Male**  **Female**  **Phone Number:** (\_\_\_\_) \_\_\_\_\_

I am aware of my rights, duties and responsibilities regarding the use and possession of a handicapped parking permit and the penalties provided by law for handicapped parking infractions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL CERTIFICATE**

**THIS CERTIFICATION MUST BE COMPLETED BY A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER**

The applicant named above has the following medical condition:

- Visual impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Physical impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheel chair, crutch, walker, prosthetic, orthotic or other assistant device.
- Respiratory problems which limit personal mobility.
- A cardiac condition to extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association.
- Permanent loss of all, or substantially all, the use of one or more limbs.

**Applications for TEMPORARY PERMIT must have expected date of recovery:** \_\_\_\_\_

**(Please PRINT)** (This section must be completed in full before the application can be processed)

I certify that the applicant above meets the medical criteria established for the issuance of a handicapped parking permit.

**Certifier's Name/Company** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_  
 Street, PO Box, Suite Number City State Zip

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR ISSUING SITE USE ONLY**

**Specify Issuing Site** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**Proof of Identity Submitted** \_\_\_\_\_ **Verifier's Signature** \_\_\_\_\_

## **PROPER USE OF A HANDICAPPED PARKING PERMIT**

The permit issued from this Application is not transferable, is to be used by the party to whom it is issued or for the motor vehicle for which it is issued, cannot be altered or reproduced and is to be used only when a handicapped or disabled person or a temporarily handicapped or disabled person will enter and exit the motor vehicle while it is parked in a designated parking space. **Those convicted of a handicapped parking infraction shall be subject to suspension of the permit for six (6) months and possible fines.**

## **APPLICATION INSTRUCTIONS**

**(No more than one (1) permit will be issued to a handicapped individual.)**

### **INITIAL APPLICATION:**

**Permanent Permit** - To obtain a handicapped parking permit, complete the top portion of the Application for Handicapped Parking Permit on the reverse side of this form; present the application to a licensed physician, physician assistant or nurse practitioner for completion of the Medical Certificate portion and remit to the City/Village Clerk or designated County Official with proof of identification. Once the application is processed the permit will be mailed to the applicant from the Department of Motor Vehicles. **Expiration of the permanent permit will be on the last day of the month of the applicant's birthday in the third year following issuance.**

**Temporary Permit** – Temporary permits are issued to persons with any handicap or disability whose personal mobility is expected to be limited in such a manner for no longer than one (1) year. To obtain a temporary permit, follow the same application procedure as with a permanent permit. **Expiration of a temporary permit is determined by the expected date of recovery indicated by the certifier in the Medical Certificate portion of the application, not to exceed six (6) months.**

### **RENEWAL APPLICATION:**

**Permanent** permits may be renewed by following the same procedure as with initial application. Applications for renewal of a permanent permit may be submitted anytime within the month of expiration. However, permanent renewal permits will not be mailed until 10 days prior to the expiration of the previous permit.

**Temporary** permits may be renewed by following the same procedure as with initial application. Application for renewal may be submitted anytime within the month of expiration. However, temporary renewal permits will not be mailed until 10 days prior to the expiration of the previous permit. Temporary permits may be renewed one time only.

### **DUPLICATE PERMITS**

If a Handicapped Parking Permit has been lost or stolen, a duplicate permit may be obtained by completing only the top portion of the application and submitting the application to the City/Village Clerk or designated County Official with proof of Identification. The duplicate permit will be mailed to the applicant by the Department of Motor Vehicles.