

# Disabled Parking Permit Application Form

## Applicant Information

Full Name

Date of Birth

Address

City

State / Province

Zip / Postal Code

Phone Number

Email

## Permit Information

Permit Type

If Temporary, Duration (months)

## Medical Certification

Name of Certifying Doctor

Medical License Number

Description of Disability

**Vehicle Information**

Make

Model

Year

License Plate Number

**Applicant Signature**

Signature

Date