



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

TC 96-347  
 Rev. 09/2018  
 Page 1 of 1

**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  2<sup>nd</sup> 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

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: \_\_\_\_\_