

DISABLED PARKING APPLICATION

Name _____ Phone Number _____ ID# _____
 Email Address _____ Staff Faculty Student (Please check one)
 Permanent Address _____ City/State/Zip _____
 Campus Address _____ City/State/Zip _____

Parking (Please check one or more) Frost HSC Salus Scott

I understand that in order to obtain disabled parking, the information requested must be supplied for authorization. A state issued hangtag or completion of the physician's statement below is necessary to process any requests for disabled parking. Based on the information provided, *temporary hangtags* will be issued for no more than 6 months. Upon expiration, a new temporary hangtag may be reviewed once for an additional 6 months by reapplying and submitting a new physician's statement. If the temporary period of disability is not specified by a physician, a temporary hangtag will be issued for only 30 days. A new Physician's Statement will then be required to "renew" the temporary hangtag.

My signature indicates the information supplied to be true and accurate. It is also my understanding that the information is necessary to complete the disabled parking authorization process. *Only temporary permits will be issued without state authorization.*

 Signature Date

If you already have a state issued tag, you need to present the form completed by the Department of Revenue showing the tag # that was issued to you. If a state issued hangtag has not been requested, the physician's statement must be completed to process your request for disabled parking.

PHYSICIAN'S STATEMENT FOR PERSON REQUESTING DISABLED PARKING TO BE COMPLETED BY LICENSED PHYSICIAN ONLY

NAME OF PERSON BEING PHYSICALLY EXAMINED	PRINTED NAME OF LICENSED PHYSICIAN	PHYSICIAN'S LICENSE NUMBER
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- The person cannot walk fifty (50) feet without stopping to rest.
- The person cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
- The person is restricted by lung disease to such an extent that the person's forced respiratory expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm Hg on room air at rest.
- The person uses portable oxygen.
- The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- The person is severely limited in his/her ability to walk due to an arthritic, neurological or orthopedic condition.
- The person is blind.

<input type="checkbox"/> Permanent Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> Temporary Disability	Enter Date →	30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days
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I CERTIFY THAT I HAVE PHYSICALLY EXAMINED THE PERSON LISTED ABOVE AND HAVE FOUND THAT HE OR SHE IS PHYSICALLY DISABLED FOR THE REASON(S) INDICATED ABOVE.

 Name of Licensed Physician (Please Print) Physician's Signature Date

With Disability Information Center authorization, Parking Card Services will issue a placard to accompany the state-issued tag. You must properly display both the state-issued tag and University issued placard in your vehicle to avoid ticketing and towing. Vehicles displaying the proper disabled parking identification are authorized to use any disabled parking space in general parking. Premium and preferred disabled parking, if requested, is assigned and subject to additional parking fees.

Please return the completed original form to Disabilities Information Center, DuBourg Hall Room 36.
 For more information, please call (314) 977-3838. FAX (314) 977-3735