

Disabled Parking Permit Form Sample

Download a **disabled parking permit form sample** to easily apply for parking accommodations. This sample assists in understanding required information and streamlines the application process. Ensure accessibility by following the correct submission guidelines.

Applicant Information

Full Name:

Address:

City:

State:

ZIP Code:

Disability Information

Nature of Disability:

Expected Duration:

e.g., Temporary, Permane

Healthcare Provider Certification

Provider's Name:

License Number:

Phone Number:

Applicant's Declaration

I certify that the above information is true and correct to the best of my knowledge.

Submit Application

Note: Please include all necessary documentation and medical certification when submitting your application. Check your local Department of Motor Vehicles (DMV) for specific submission instructions.