



DENVER
THE MILE HIGH CITY

DISABILITY PARKING SIGN APPLICATION

(Please type or print application information)

Name of Mobility Impaired Applicant _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name of Physician (Please type or print) _____

Medical License Number _____

Address _____ Phone _____

City _____ State _____ Zip _____

Physician--Please complete the following:

_____ The individual named above cannot walk without the aid of a walker, cane, crutches, brace or wheelchair.

_____ The individual named above is restricted by a pulmonary condition to the extent that the Arterial Oxygen Saturation, on room air at rest, is 90% or less, or the person desaturates to 90% or less on mild exercise, or who use prescribed portable oxygen during the day.

_____ The individual named above has a cardiac condition to the extent that the person's function limitations are classified as class III or IV according to the standards of the New York Heart Association.

This disability is _____ Permanent; _____ Long term, but temporary (Longer than 6 months);
_____ Short term (Less than 6 months.)

Signature of Physician _____ Date _____

(Must be completed by a person fully licensed to practice medicine in the State of Colorado)

Side two to be completed by individual requesting the disability parking place.



Please send to: Denver Office of Disability Rights
201 W. Colfax, Dept 1102, Denver, CO 80202.



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TO BE COMPLETED BY THE INDIVIDUAL REQUESTING THE DISABILITY PARKING PLACE.

Location for placement of disability parking sign _____

Is this your _____ residence; _____ place of employment; or _____ other? Please
specify if other: _____

Do you have a disability placard? _____ License plate? _____
(Please attach a copy of your placard or license registration)

Is the parking place for a vehicle you own? Yes _____ No _____
(If Yes, include a copy of your car registration)

Is the parking place for a vehicle that you drive? Yes _____ No _____
(If Yes, include a copy of your drivers license)

Do you have a driveway? Yes _____ No _____

Do you have a garage? Yes _____ No _____

Is there a parking lot adjacent to your building and available
for your use? Yes _____ No _____

Is the parking place needed to assist a child who is disabled? Yes _____ No _____

Comments _____

**I understand under penalty of law that if my placard/plate is used by others not
transporting me, that the disability parking placard/plate may be revoked and signs
removed.**

Signature of Applicant _____ Date _____

Designated disability parking signs along public streets may be used by anyone having a valid disability
placard or plate. Such spaces cannot be reserved for a specific individual, vehicle, or residence.

HAVE YOU INCLUDED:

A copy of your car registration? (Or one that belongs to your household.)

A copy of your disability placard/plate?

A copy of your driver's license? (Or of someone that resides at your address.)



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