

1 st _____ Expiration Date _____ 2 nd _____ Expiration Date _____ Permit Number _____	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">For Office Use Only</div> Account Number _____	1 st Date Entered _____ 2 nd Date Entered _____
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Employee Student

THE UNIVERSITY OF ARIZONA • PARKING AND TRANSPORTATION SERVICES
 1117 E. Sixth Street • TUCSON, AZ 85721 • (520) 626-PARK (7275) • FAX - (520) 621-7055

Other: _____

APPLICATION FOR TEMPORARY DISABLED PARKING PERMIT

This is a 3 week permit only. One renewal allowed with doctor's authorization. Additional permit requires a state issued placard.

Last name _____	First name _____	M.I. _____
Mailing address _____	City _____	State _____ Zip _____
Home phone number _____	Work phone number _____	E-mail address _____
License plate _____	State _____	Year _____ Make _____

Do you currently have a UA parking permit? ____ Yes ____ No Current Permit Number _____

MEDICAL CERTIFICATE

The below application must be completed by a licensed Medical Provider. The temporarily disabled individual must meet one of the below criteria. Please circle those which apply:

1. Has non-weight-bearing status for ambulation and is unable to walk 100 yards.
2. Is unable to walk 100 yards.
3. Has specific documentation from attending Obstetrician that designates a complication that limits walking distance.
4. Other (Please specify why the individual cannot use an alternative mode of transportation (i.e., Cat Tran or shuttle from remote parking areas)):

I certify that the above individual requires the use of a three week Disabled Parking Permit.

Signature of physician and DEA number _____

Print name of physician _____

Date _____

STATEMENT OF AFFIRMATION: I hereby affirm that the information supplied on this form is complete and true. I understand that failure to comply with the requirements stated in the UA Motor Vehicle Parking and Traffic Regulations may result in the assessment of fees and fines, vehicle tow, boot, or other institutional enforcement and/or disciplinary action.

Signature: _____ Date: _____