| Permit Number | Expiration Date | For Office Use Only<br>Account Number | Date Entered |
|---|---|---|---|

☐ Employee ☐ Student

☐ Other: _____

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

# APPLICATION FOR TEMPORARY DISABLED PARKING PERMIT

This permit is valid for a maximum of six months. Beyond 6 months a state issued placard is required.

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 Physician 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 Disabled Parking Permit for ____week(s) or ____month(s). A new form is required if additional time is needed and the six month maximum has not been met. (Time required must be filled in by physician.)**

☐ Campus Health Care Provider
☐ Personal Physician

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: _____