



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF MOTOR VEHICLE LICENSING

TC 96-347
Rev. 09/2026
Page 1 of 1

APPLICATION FOR DISABLED LICENSE PLATE OR PARKING PLACARD

INSTRUCTIONS: Complete Section 1 and *either* Section 2 or Section 3 (not both). Present form to your [county clerk](#).

SECTION 1: APPLICANT INFORMATION (*Must be completed by applicant*)

NAME (<i>individual or organization</i>)	EMAIL	D.O.B.	PHONE
ADDRESS (<i>street or post office</i>)	CITY	STATE	ZIP

Signature of Applicant

FED ID/SSN/DLN

Subscribed and attested before me this date ____ / ____ / ____ . My commission expires ____ / ____ / ____ .
MM DD YYYY MM DD YYYY

My commission #: _____

Attesting Official or Notary Signature & Title

SECTION 2: DISABLED PARKING PLACARD INFORMATION

(*Select one.*)

☐ **PERMANENT PLACARD** (Blue—6 years) [[KRS 189.456](#)]

☐ **TEMPORARY PLACARD** (Red—3 months) [[KRS 189.458](#)]

*I certify that the applicant is a person who **has a severe visual, audio, or physical impairment, including partial paralysis, lower limb amputation, chronic heart condition, emphysema, arthritis, rheumatism, or other debilitating condition which limits or impairs one's personal mobility or ability to walk** in compliance with KRS 189.456, or KRS 189.458.*

SIGNATURE of County Clerk, Licensed Physician, Physician Assistant, Physical Therapist,
Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse

Date (*Valid for 60 days*)

PRINTED NAME of County Clerk, Licensed Physician, Physician Assistant, Physical Therapist,
Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse

Job Title/Position

FOR REPLACEMENT PLACARD USE ONLY [[KRS 189.456\(8\)](#) or [KRS 189.458\(3\)](#)]

I swear or affirm that the original placard was lost, stolen, or destroyed.

Applicant Signature _____ County _____
Previous Placard #: _____ Expires _____
Replacement Reason: _____

SECTION 3: DISABLED PARKING REGISTRATION PLATE INFORMATION

The applicant is "severely limited in their ability to walk" as defined by [KRS 186.042\(1\)\(a\)–\(f\)](#).

SIGNATURE of County Clerk, Licensed Physician, Physician Assistant, Physical Therapist,
Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse

Date (*Valid for 60 days*)

PRINTED NAME of County Clerk, Licensed Physician, Physician Assistant, Physical Therapist,
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