

Borough of Marcus Hook

HANDICAPPED PARKING PERMIT APPLICATION APPLICATION BY DISABLED PERSON

I certify that I am a disabled person as required by PA Statutes with certification from a physician, osteopathic physician, podiatrist, chiropractor licensed within the United States, the Division of Blind Services; or the Adjudication Office of the Veterans Administration.

Name of Disabled Person (Please Print)		Date:
Signature of Disabled Person or Parent/Guardian of Disabled Person		Date:
Address:		
Date of Birth:	Phone:	Email:
Handicap License Plate	Yes	No
Handicap License Plate Number:		
Make of Vehicle:		Year:
Number of vehicle(s) currently registered at above address:		
Nature of Handicap:		
Is Car Garage or Off- street Parking Located at Above Address:		
Primary Street, Alley, Lane or Place where above vehicle is normally parked:		
Your Handicapped Parking Permit will not be processed without the following information: A. A signed physician's affidavit certifying to your medical condition. Use the Physician's Statement of Certification form attached to this application. B. Copy of current driver's license (showing Marcus Hook address), Vehicle Registration and Vehicle insurance currently in effect. C. A copy of your current Handicap Parking Placard.		
To clearly avoid any false impressions, be advised that any individual that applies and receives approval for a handicapped parking spot does not have exclusive use of the designated parking space. Other residents on the same street or any individual with a valid handicapped parking license plate cannot be denied the use of the handicapped parking space. Also under normal circumstances no more than one (1) handicapped parking spot will be approved for each street unit block.		
APPLICANT MUST REAPPLY EVERY TWO (2) YEARS		

PHYSICIAN'S STATEMENT OF CERTIFICATION

This is to certify that _____ is a disabled person with specific disability(ies) that limit or impair his/her ability to walk or is certified as legally blind. The specific disability(ies) as checked below are expected to last more than twelve (12) months.

- ____1. Inability to walk 200 feet without stopping to rest.
- ____2. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or person is not eligible for the handicap parking spot.)
- ____3. Permanently uses a wheelchair.
- ____4. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than 1 liter, or the person's arterial oxygen
- ____5. Use of portable oxygen.
- ____6. Restriction by cardiac condition to the extent that the person's functional limitations are classified
- ____7. Severe limitation in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- ____8. Legally blind.

Name of Physician, Osteopathic
Physician, Chiropractor,
Division of Blind Services,
Adjudication Office of the
Veterans Administration

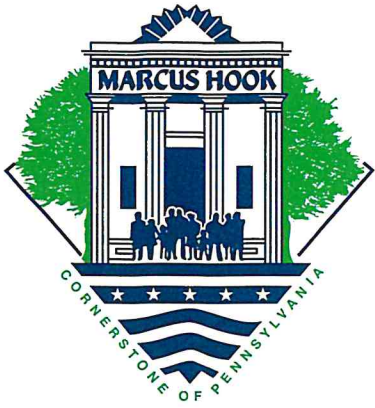
Signature

Date Signed

Business Street Address

City, State, Zip Code

Certification or License No. of Physician, Osteopathic Physician, Podiatrist, Chiropractor.



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DISABILITY PARKING APPLICATION CHECKLIST

YES	NO	
		APPLICATION COMPLETED
		APPLICATION SIGNED BY VEHICLE OWNER(S)
		PHYSICIAN'S CERTIFICATION OF DISABILITY (DOCTOR'S SIGNATURE)
		DISABLED APPLICANT IS THE OWNER OR CO-OWNER OF THE VEHICLE
		APPLICANT HAS A DISABILITY LICENSE PLATE (issued by the commonwealth of PA)
		COPY OF DRIVER'S LICENSE
		COPY OF AUTOMOBILE INSURANCE CARD
		COPY OF VEHICLE REGISTRATION CARD
		COPY OF PENNSYLVANIA DISABILITY PARKING PLACARD

		APPLICATION APPROVED
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