

Disabled Citizen Parking Permit Renewal Form

Please fill out this form to renew your disabled citizen parking permit. Once completed, print the form, sign it, and mail it to the Department of Transportation.

1. Applicant Information

Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

2. Current Permit Details

Current Permit Number:

Permit Expiration Date (MM/DD/YYYY):

3. Healthcare Provider Information

Provide details of the licensed physician certifying your ongoing disability status.

Physician Full Name:

Medical License Number:

Clinic or Hospital Name:

Physician Phone Number:

4. Applicant Declaration & Signature

I declare under penalty of perjury that the information provided on this form is true and correct.

Applicant Signature (Sign after printing):

Date Signed (MM/DD/YYYY):