

IMPORTANT

DISABLED PERSON PARKING PERMIT INFORMATION

TO OBTAIN A PARKING PERMIT:

1. Complete the applicable sections on the reverse side of this form.
2. Obtain your doctor's certification on the form.
3. Bring or Fax form to WSU Parking and Transportation Services N.E. 1040 Colorado Street, Pullman, WA 99163. Fax number (509) 335-1316.

IT IS ILLEGAL TO...

- Lend your permit to another person.
- Forge a doctor's signature.
- Use another person's permit.
- Provide false information to obtain a permit.
- Alter a permit.
- Possess or display a counterfeit permit.

REMEMBER...

- The only legal use of a permit is its display by the person to whom it is issued. The disabled person does not have to own or drive the vehicle to use the permit. However, the disabled person must be in vehicle when parking in a disability space. Dropping the disabled person off and then parking in a disability space will NOT be allowed.
- Illegal use of a Disability permit can result in cancellation and revocation of the permit and loss of the privileges it provides. A fine will also be given.

TEMPORARY DISABILITY PERMITS:

- Specific dates must be provided by the medical professional.
(Example: "From 02-15-03 To 04-14-03" **Note: A form simply stating "2 months" will NOT be accepted**).

WSU Parking and Transportation Services DISABILITY PERMIT APPLICATION

APPLICANT'S NAME: _____
Last First M.I.

APPLICANT'S ADDRESS: _____
Street

City State Zip Code

APPLICANT'S SIGNATURE: _____
Date

DOCTOR'S CERTIFICATION OF DISABILITY

Must be completed by a physician or authorized medical professional before we can process your application.

DURATION OF DISABILITY: (check one)

Permanent Temporary; length of temporary disability: _____
From - To

TYPE OF DISABILITY: Please check the appropriate condition(s) that apply to your patient.

Any licensed physician may certify to items 1-8. A licensed chiropractor may certify to items 2 and 7. A licensed ophthalmologist or optometrist may certify to item 8 only.

1. A diagnosed disease or disorder which substantially impairs or interferes with mobility, or requires the aid of an assistant device for mobility (e.g. cane, walker, crutches, etc.) due to: _____

2. A significant limitation in the use of the lower extremities which substantially impairs or interferes with mobility, or requires the aid of an assistant device for mobility (e.g. cane, walker, crutches, etc.) due to: _____

3. Uses portable oxygen.

4. Lung disease to such an extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or arterial oxygen tension (PO₂) is less than 60 mm/HG on room air at rest.

5. Impairment by cardiovascular disease. *The American Heart Association Standard* (please check one):
 Class III Class IV

6. Loss, or loss of the use of, one or both lower extremities. Loss of use due to: _____

7. Loss, or loss of the use of, one or both hands. Loss of use due to: _____

8. Central visual acuity not exceeding 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity greater than 20/200 with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.

I CERTIFY I AM A Physician Chiropractor Ophthalmologist Optometrist and that the applicant has the disability indicated above. I certify under penalty of perjury under the laws of the State of Washington that the information I have provided is true and correct. I understand that Washington Law allows issuance of special parking privileges only to persons with severe mobility disabilities, which limit their ability to walk.

MEDICAL PROFESSIONAL'S SIGNATURE: _____

FULL NAME: _____
Last First Middle

PROFESSIONAL LICENSE NUMBER: _____

MEDICAL PROFESSIONAL'S ADDRESS: _____
Street

City State Zip Code