



RESIDENTIAL ACCESSIBLE PARKING SIGN APPLICATION

Name of Mobility Impaired Applicant _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail Address _____

Name of Physician (Please type or print) _____

Medical License Number _____

Address _____ Phone _____

City _____ State _____ Zip _____

Physician--Please complete the following:

- The individual named above cannot walk two hundred feet without stopping to rest.
- The individual named above cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
- The individual named above is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.
- The individual named above uses portable oxygen.
- The individual named above has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- The individual named above is severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition.

Physician - MUST COMPLETE DISABILITY STATUS

This disability is:

___ Permanent

___ Long term, but temporary (Longer than 6 months)

___ Short term (Less than 6 months)

Signature of Physician _____ Date _____
(Must be completed by a person fully licensed to practice medicine in the State of Colorado)

Second page to be completed by individual requesting the accessible parking space.



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I. Complete this Section if the Person with the mobility Issues drives a vehicle:

Name of Person with the Mobility Impairment: _____
• Colorado Disability Placard # _____ or Colorado Disability Vehicle License Plate # _____
• Colorado Vehicle License Plate# _____
• Vehicle Registers to: _____
• Colorado Driver's License # _____

II. Complete this section if the person/child with the mobility impairment does not drive, but has a caretaker living at the residence:

Name of Person with the Mobility Impairment: _____
• Colorado Disability Placard # _____
• Colorado Identification Card # _____
Name of Caretaker: _____
Address of Caretaker: _____
• Caretaker's Colorado Vehicle License Plate# _____
• Caretaker's Vehicle Registers to: _____
• Caretaker's Colorado Driver's License # _____

III. Is there is a garage, carport, or driveway extending from the front or side of the property leading to the street? Yes ___ No ___

IV. Is there alley access? Yes ___ No ___ If yes explain why the alley access is not available or accessible to the person with the mobility Issue.

V. Is there a parking lot adjacent to your building for residents? Yes ___ No ___ If yes explain why the off-street parking area is not available or accessible to the person with the mobility Issue.

VI. Location for placement of accessible parking sign: (Be specific if you want the sign in a certain place in front of your residence) _____

Signature of Applicant _____ Date _____

Designated accessible parking signs along public streets may be used by anyone having a valid disability placard or plate. Such spaces cannot be reserved for a specific individual, vehicle, or residence. Parking restrictions are still in effect. Only one parking space is allowed per household.

HAVE YOU INCLUDED A COPY OF THE FOLLOWING DOCUMENTS?

- ✓ Placard or Placard registration
- ✓ Vehicle registration
- ✓ Copy of Driver's License or Copy of Colorado ID

Please send application to: Right of Way Enforcement-Accessible Parking Program
201 W. Colfax, Dept. #706 Denver, CO 80202