



PHYSICIAN'S CERTIFICATION

APPLICATION FOR HANDICAPPED PARKING

APPLICANT'S NAME _____

I, the undersigned physician, do hereby certify that:

1. I am a physician in good standing currently licensed to practice medicine in the Commonwealth of Pennsylvania.
2. The above-named person (applicant) is currently under my medical care; and
3. That the applicant (check all that apply):

_____ cannot walk a minimum distance of 200 feet without stopping to rest.

_____ is restricted to a wheelchair.

_____ requires use of a walker and/or crutches.

_____ is restricted by lung disease to such an extent that his/her forced expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.

_____ uses portable oxygen.

_____ has a cardiac condition to the extent that his/her functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.

_____ is a person in loco parentis of a person specified in one or more of the paragraphs above.

Physician's Name _____

Corporate Name (if different) _____

Type of Practice _____

Business Address _____

Business Telephone No. _____ **Date** _____

Physician's Signature _____



APPLICATION FOR HANDICAPPED PARKING IN RESIDENTIAL AREA

Name (First, Middle, Last)	Date of Birth	PA Drivers License No.
Street Address	County	Disability Plate Number (if any)
City, State, Zip	Daytime Phone Number	Cell Phone Number
Signature of Disabled Person	Today's Date	Today's Date
Signature of Representative (if presented by a representative)		Representative's Drivers License No.

1. TO BE COMPLETED BY APPLICANT:

- A. Do you possess a Handicapped license plate or placard issued by the Commonwealth of PA?
 Yes No Plate or Placard Number: _____
- B. Are you a resident of the Township of Lawrence Park? Yes No
- C. Do you have accessible off-street parking in a driveway, parking pad, or garage at your residence?
 Yes No
- D. (Please check one) This is a **NEW** application This is a **RENEWAL**
- E. An application fee of \$30.00 is required for new applications only.

- 2. This application (both new, first-time applications and application renewals) must be accompanied by a completed copy of the attached physician's certification.
- 3. All approvals will expire on October 31 of each year unless a renewal application is filed between October 1 and October 31. It is the applicant's responsibility to file.

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

Application Submitted Date _____ Site Inspection Date _____

APPROVED _____ DENIED _____ POLICE CHIEF'S INITIALS _____

Application fee received. Check # _____

WORK ORDER ISSUED DATE _____ INITIALS _____

SIGN INSTALLED DATE _____ INITIALS _____