

RENEWAL APPLICATION FOR RESERVED RESIDENTIAL DISABLED PARKING SPACE

PARKING AUTHORITY OF BALTIMORE CITY
200 W. Lombard Street, Suite B
Baltimore, Maryland 21201
Phone: (443) 573-2800



All information must be typed or printed in ink and signed before a Notary Public. All questions must be completely answered. Attach additional sheets of paper as necessary. False statements may result in refusal to renew the reserved residential disabled parking permit space.

1. Applicant's Name: _____
(First) (Middle) (Last)
2. Address: _____ Zip Code: _____
3. Telephone # (home): _____ (cell): _____
4. Date of Birth: _____ Age: _____ Sex: M [] F []
5. Driver's Name: _____ License #: _____
6. Vehicle Tag #: _____ Permit#: _____ E-mail address: _____
7. Can you utilize any other form of transportation, other than this vehicle? Yes [] No []
8. Under normal conditions, what is the maximum distance you can walk or, if utilized, propel a wheelchair? _____
9. Location and distance of the closest Mass Transportation? _____

BELOW MUST BE SIGNED BEFORE A NOTARY PUBLIC

I certify that all information furnished in relationship to this application is complete and true to the best of my knowledge and the reserved space requested is for my personal use.

Signature of Applicant/Guardian _____

I, _____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a reserved residential disabled parking permit space for a disabled resident; that the answers to the foregoing questions and other statements contained in the application are true to the best of his/her knowledge and belief.

Sworn to before me _____ day of _____, 20 ____ at _____

Notary Public

PARKING AUTHORITY OF BALTIMORE CITY

**MEDICAL INFORMATION
FOR RESERVED RESIDENTIAL DISABLED PARKING PERMIT**

Please check applicable category below:

A. [] Applicant is so severely permanently disabled, as to be unable to be mobile without the aid of a mechanical device. (The term mechanical device includes wheelchairs, walkers, crutches and ling leg braces and may include canes.) *Explain:

B. [] Applicant suffers from any respiratory disease or ailment, as determined by the Commissioner after consideration of the extent that the Arterial PO₂ is less than 60 mmHg, the Forced Vital Capacity (FVC) is less than fifty percent (50%) of the predicted value, the Forced Expiratory Volume in 1 second (FEV₁) is less than forty percent (40%) of the actual value when measured in liters by a Spiro meter based on predicated normal values for the individual's sex, age and height, as set forth in the "American Medical Association: Guide to the Evaluation of permanent Impairment" 2nd ed. Chicago, American Medical Association, 1984, or as revised or amended. Submit pulmonary function studies and explain.*

*A full and complete explanation of the extent of the patient's immobility must be given, including symptoms and objective findings. Attach documentation and reports, as necessary, in support of physician's findings and conclusions.

This is to certify that on _____ I examined _____, and recommend that a reserved residential disabled permit parking space be established because of the disability explained in this application and attachments thereto.**

Date: _____ **Physician's Signature:** _____, M.D.

Printed name of Physician: _____

Address: _____ **Telephone #:** _____

**** Examination must be within 6 months of application.**