IS-022 (03-02)

Application for Personal Residential Permit for Reserved Parking Space

Important - Medical Doctor's Certification will be obtained by the Administration.
This application is being submitted in accordance with Maryland Vehicle Law.

Phone Number

Applicant's First Name | Middle | Last

Street Address

City | County | State | Zip Code

Driver's License Number | Date of Birth

Applicant's Disability: _____

Vehicles permitted to park in reserved space

	Year	Make of Vehicle	Owner	Registration Tag Number
Vehicle 1				
Vehicle 2				

Yes	No	
❒	❒	Does applicant have a permanent disability?
❒	❒	Is applicant a resident of Baltimore City?
❒	❒	Is applicant's residence located within a private community which maintains the roadways?
❒	❒	Does applicant have off street parking available?

Parking Restrictions: ❒ Snow Emergency Route ❒ Time Limited Parking - from _____ to _____

I understand that by signing this application, I am authorizing any physician who has treated me, or any hospital where I have received treatment, to give to the Medical Advisory Board of the Motor Vehicle Administration all information pertinent to my mental and physical condition for the duration of my participation in the Reserved Handicapped Parking program.

I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge and belief.

Signature of Applicant* | Social Security Number | Date

*If applicant is a minor, signature of parent or guardian is required.

MVA Use Only		S.H.A/ County Use Only	
Location Inspected by _____	Date _____	Application Received	Date _____
Application Approved by _____	Date _____	Sign Erected	Date _____
No. of Permits Issued _____	Date _____	Curb Painted	Date _____
Application to S.H.A by _____	Date _____	Notice returned to MVA	Date _____
Permit Number _____			

MVA
Motor Vehicle Administration
6601 Ritchie Highway N.E.
Glen Burnie, Maryland 21062

For information, please call the **Investigative and Security Services Division** at **410-768-7646.** For more information about MVA services, please call **1-800-638-8347** (touch tone calls only), **1-800-950-1MVA (1682)** (to speak with a customer service representative), From Out-of-State: **1-301-729-4550,** TTY for the hearing impaired: **1-800-492-4575.** Visit our web site at: **www.marylandmva.com**

Dear applicant/representative:

Enclosed is the application you requested for a Personal Residential Permit for a reserved parking space. If you reside in Baltimore City, **please do not use this application**, but call **(410) 396-6981**. Residents of all other areas, please continue.

The intent of this program is to provide some assistance to physically disabled individuals who have no other alternative in parking vehicles near their residence; therefore, generally, parking permits are not approved if any of the following circumstances exist:

A. Disability is not permanent.
B. Residence is located in a private community or is located on a private roadway.
C. Off street parking is provided by garage, driveway, or parking pad.
D. No member of the household, at the residence address of the disabled person, has a currently registered Maryland vehicle.
E. The residence is located on a street which prohibits parking.
F. The applicant has committed fraud within the application for permit.

Please provide, as accurately as possible, all the information requested, especially your telephone number. Failure to do so will delay the processing of your application. On the reverse side is the application. Please complete with the information of the person the reserved parking space is intended for.

Below, list one attending physician who is familiar with the applicant's physical limitations. We will contact that physician for further medical documentation.

After completing both sides of this form, please return in the enclosed envelope or to the address listed on the reverse side.

Physician's name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____