

# The University of Tennessee at Chattanooga



## Parking Services

615 McCallie Avenue  
Chattanooga, TN 37403  
PHONE: (423) 425-4051  
FAX: (423) 425-2674

### TO REQUEST PERMIT:

Applicant must bring in application and payment to the Bursar's Office in the University Center

### APPLICATION FOR ACCESSIBLE PARKING PERMIT

APPLICATION MUST BE COMPLETED IN THE NAME OF THE APPLICANT. PLEASE COMPLETE ALL INFORMATION

UTC ID

Drivers License #

First Name

Middle Name

Last Name

Street Address or Route and Box Number

City or Town

County

State

ZIP Code

APPLICANT'S DATE OF BIRTH

Month

Day

Year

Temporary Permit Dates Requested

Cashier will collect the necessary fees for the assignment of the accessible permit. Exchange decal must be surrendered before credit can be given.

DESCRIPTION OF VEHICLE

Year

Make, Model, and Color of Vehicle

Plate Number & State

I, the undersigned applicant for the accessible parking permit, hereby certify, under the penalties prescribed in chapter 55-21-108, Tennessee Code Annotated, that the statements made herein are true and correct to the best of my knowledge, information and belief.

**"Permit is only valid for parking areas owned or leased by The University of Tennessee at Chattanooga. Permit is not valid for city streets or other areas not controlled by the university."**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **This certificate must be completed by a medical doctor licensed to practice medicine.**

55-21-102, Definitions - for the purposes of this part:

(A) "Disabled driver" is one who is disabled by paraplegia, amputation of leg, foot or both hands, or is disabled by loss of use of a leg, foot or both hands, or other condition, certified to by a physician duly licensed to practice medicine, resulting in an equal degree of disability (specifying the particular condition) so as not to be able to get about without great difficulty, including impairments that, regardless of cause or manifestation, confine the person to a wheelchair or cause the person to be so ambulatorily disabled that the person cannot walk two hundred feet (200') without stopping to rest and includes, but is not limited to, those persons using braces or crutches, arthritics, spastics and those with pulmonary or cardiac illness who may be semiambulatory;

(B) "Disabled driver" also includes the owner of a motor vehicle with vision of not less than 20/200 with correcting glasses in both functioning eyes; I hereby certify that the applicant named in this application has appeared before me and in my medical opinion that he or she is unable to get about without great difficulty.

Mechanical device used: Crutches \_\_\_\_\_ Braces \_\_\_\_\_ Other (list) \_\_\_\_\_

Is applicant permanently confined to a wheelchair? YES \_\_\_\_\_ NO \_\_\_\_\_

The cause of the disability is: \_\_\_\_\_ Expected length of disability \_\_\_\_\_

Physician's name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

#### *PARKING OFFICE USE ONLY*

Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_

Decal No. Assigned \_\_\_\_\_

Expiration Date \_\_\_\_\_