PHOTO IDENTIFICATION REQUIREMENT Wavier
FOR A PERSON WITH A DISABILITY

This completed form provides a waiver from the photo identification requirement for access to reserved parking spaces for a person with a disability, if the person is a resident of a licensed facility that provides long term medical or personal care, or is a resident in the home of a person who provides long term care for the person with a disability. When applying for or renewing a special plate or certificate for reserved parking, the applicant must submit this form completed by the administrator of the licensed facility or the person in the home that is responsible for the disabled person’s care. A completed Doctor’s Certification must also be presented when applying for a special plate or certificate for the first time.

PRINTED NAME OF PERSON WITH A DISABILITY

To be completed by the administrator if person with a disability is a resident of a licensed facility.

NAME OF FACILITY

ADDRESS

CITY, STATE, ZIP

FACILITY’S FEDERAL EMPLOYER ID NUMBER

This is to verify that the person with a disability named herein is a resident of the licensed facility above.

Printed Name of Facility Administrator ___________________________________________

Signature of Administrator __________________________ Date ____________________

To be completed by the person who provides home care for a person with a disability.

NAME OF HOME CARE PROVIDER

ADDRESS

CITY, STATE, ZIP

HOME CARE PROVIDER’S DRIVER’S LICENSE NUMBER, STATE ISSUED ID NUMBER, OR SOCIAL SECURITY NUMBER

Printed Name of Home Care Provider ___________________________________________

Signature of Home Care Provider __________________________ Date ________________