

**PHOTO IDENTIFICATION REQUIREMENT WAIVER  
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.

<b>PRINTED NAME OF PERSON WITH A DISABILITY</b>
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**To be completed by the administrator if person with a disability is a resident of a licensed facility.**

<b>NAME OF FACILITY</b>
<b>ADDRESS</b>
<b>CITY, STATE, ZIP</b>
<b>FACILITY'S FEDERAL EMPLOYER ID NUMBER</b>

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 \_\_\_\_\_

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

<b>NAME OF HOME CARE PROVIDER</b>
<b>ADDRESS</b>
<b>CITY, STATE, ZIP</b>
<b>HOME CARE PROVIDER'S DRIVER'S LICENSE NUMBER, STATE ISSUED ID NUMBER, OR SOCIAL SECURITY NUMBER</b>

Printed Name of Home Care Provider \_\_\_\_\_

Signature of Home Care Provider \_\_\_\_\_ Date \_\_\_\_\_