

Instructions to Apply for ADA Accessible Parking Permit

If you wish to apply for a permit that allows you to park in spaces provided for persons with disabilities, you will need to submit the following documentation:

- Parking permit application.
- Application form for ADA accessible parking; applicant should fill in SECTION I.
- Information from your physician concerning your disability (see SECTION II on the application form). Please ask your physician to include a specific diagnosis, specifics of your mobility limitations or functional difficulties, and whether your disability is temporary or permanent. Please also include how your disability relates to KRS 186.042 (below).

The above information should be submitted directly to the appropriate address shown below. After all documentation is received and approved, permits will be issued to eligible employees or students.

Applicants may qualify if they have a permanent or temporary physical or mental impairment that substantially limits mobility. Applicants who do not meet these requirements but who do have an impairment which somewhat limits their mobility are eligible for an area exception or alternate accommodations.

Special parking privileges may be given to qualified persons upon completion, acceptance, and approval of an application. Applications are subject to approval by the **Accessible Parking Application Review Committee**. Incomplete forms or substitute forms will not be accepted. If appropriate, temporary parking passes will be provided until the Review Committee has made a decision.

Your cooperation in providing the information and documentation is appreciated. Do not hesitate to contact UK Transportation Services, the UK Disability Resource Center, or the BCTC Student Support Center (phone numbers below) if you need assistance. The University strongly supports providing designated special parking spaces for employees and students with disabilities at a reasonable proximity to campus buildings and intra-campus bus stops. We want to make every effort to provide safe and accessible parking for those employees and students requiring ADA accessible parking spaces and solicit your support in this endeavor.

Kentucky Revised Statute 186.042 (1992)

For the purposes of this section, “persons with disabilities which limit or impair the ability to walk” means persons who, as determined by a licensed physician:

- cannot walk two hundred (200) feet or sixty-one (61) meters without stopping to rest;
- cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistant device;
- are restricted by lung disease to the extent that the person’s forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest;
- use portable oxygen;
- have a cardiac condition to the extent that the person’s functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or
- are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Employees & UK Students – Return form to:

Transportation Services
University of Kentucky
721 Press Avenue
Lexington, KY 40506-0571

Phone: (859) 257-5757
Fax: (859) 323-1212

BCTC Students – Return form to:

Disability Support Services
Bluegrass Comm. and Tech. College
320C Oswald Building
Lexington, KY 40506-0235

Phone: (859) 246-6534
Fax: (859) 246-4678

ADA Accessible Parking Permit Application



Applicant Information — Section I

Name: _____
Last, First MI _____ UK/BCTC ID number _____

Home Address: (Street, City, State, Zip) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address to send correspondence (email or mailing): _____

I am requesting an ADA accessible parking permit due to the following mobility problems and/or medical conditions.

By signature below, applicant authorizes physician to complete Section II below and to release information regarding medical condition.

Applicant Signature _____ Date _____

Physician Information — Section II

Fill in all items shown below. The University of Kentucky Accessible Parking Application Review Committee, which includes physicians, will review this information.

1. Specific diagnosis of medical condition: _____

2. Date of injury or onset of illness or medical condition: _____

3. Is condition permanent? (circle one) Yes / No

4. If no, how long will applicant be disabled? (**be specific / provide est. date**) _____

5. How does this disability or medical condition conform to attached criteria (be specific)? See KRS 186.042

6. Include or attach information on test results, surgeries, medication, or other information that supports this request (e.g. pulmonary function studies for asthma). _____

7. Does applicant require aids for walking (e.g. cane, walker, wheelchair, or other assistant device)? Yes / No
Please specify: _____

8. Other information or comments in support of this application for ADA accessible parking (attach additional sheets if necessary):

Physician Signature _____ Date _____

Physician Name (please print): _____ Phone: _____

Physician Address: _____