ADA Accessible
Parking Permit Application

Transportation Services

UK students and employees with disabilities who wish to park in ADA accessible spaces on campus must apply for a UK ADA Accessible Permit. The state permit or plate alone will not satisfy this requirement. BCTC employees and students, Veterans Administration employees, and other parties eligible for UK employee permits may also apply for a UK ADA accessible permit. Applicants may qualify if they have an impairment that substantially limits mobility.

Return Completed Form to:

UK Transportation Services
721 Press Avenue
Lexington, KY 40506-0571
Phone: 859-257-5757
Fax: 859-323-1212
Email: Transportation@uky.edu

Please contact UK Transportation Services 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. Additional information is available at **uky.edu/transportation/park/ADA.**

*****IMPORTANT*****

REQUIRED: Please ask your physician to complete page two of this form in its entirety, including a specific diagnosis, whether your disability is temporary or permanent, and specifics of your mobility limitations. Your physician **MUST** include specific reference to how your disability relates to one or more of the bullet points listed below under KRS 186.042(1)(a). **Failure to do so may disqualify your application.**

Applicant Information — Section I (to be completed by Applicant)

Name: _____ UK ID # _____
Last, First MI
Home Address: (Street, City, State,Zip Code)_____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Usual Building Location: _____ Usual Parking Location: _____
Email address to send correspondence: _____

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 (to be completed by Physician)

Please complete all items shown below. The University of Kentucky Accessible Parking Application Review Committee will review this information.

1. Specific diagnosis of medical condition, please include or attach information on test results, surgeries, medications, or other information that supports this request (e.g. pulmonary function studies for asthma).

_____
_____
_____
_____
_____

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

3. Required: Is condition permanent? (Check one): Yes ☐ No ☐

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

5. How does this disability or medical condition relate specifically to KRS 186.042(1)(a). Check the box(es) that apply and correspond to the specific diagnosis of medical condition described in number 1 above.

*****IMPORTANT***THIS IS REQUIRED*****

Kentucky Revised Statute 186.042(1)(a)
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.

6. Other information or comments in support of this application for ADA accessible parking (attach additional sheets if necessary), such as does applicant require aids for walking (e.g. cane, walker, wheelchair, or other assistant device)?

_____
_____
_____
_____
_____

Physician Signature _____ Date _____
Physician Name (please print): _____ Phone: _____
Physician Address: _____