

KENTUCKY TRANSPORTATION CABINET
DEPARTMENT OF VEHICLE REGULATION
Division of Motor Vehicle Licensing
Frankfort, Kentucky 40622

TC 96-205
Rev. 8/98

APPLICATION FOR SPECIAL REGISTRATION PLATE
FOR DISABLED PERSONS

Section 1 (To be completed by applicant)

Name of Applicant (or Agency*): Jane Doe
Address: 123 Main St Lexington KY 40507
(Street or P.O. Box) (City) (State, Zip Code)

Serial Number of Vehicle Owned by Applicant: 3GCRKSE36AG288999

- I certify that I (or my agency) am eligible for a disabled motorcycle plate.
 I certify that I (or my agency) am eligible for a _____ special disabled plate.
 I certify that I (or my agency) am eligible for a disabled plate.

Jane Doe 09/01/2010
(Signature of Applicant) (Date)

Section 2 (To be completed by County Clerk if disability is obvious)

Special Registration Number issued to Above Applicant: _____ Date _____

(Signature of Clerk) (County)

Section 3 (To be completed by physician if disability is not obvious**)

I certify, pursuant to KRS 186.042, that the applicant is a person with disabilities which limit or impair the ability to walk, a person who has lost the use of an arm, or a person who is blind.

The disability is Permanent Temporary
Dulma Nurse 09/01/2010
(Signature of Physician) (Date)

* Disabled plates are also available to agencies which provide transportation for the disabled as part of their services

** See reverse side for the statutory definition of "A DISABILITY WHICH LIMITS OR IMPAIRS THE ABILITY TO WALK."