



Bellarmino University Office of Public Safety & Transportation

Accessible Parking Permit Application Checklist

Applicant Information

Please complete all fields:

Applicant Name: _____ Bellarmine ID Number: _____

Eligibility Criteria

As defined by KRS 186.042(1)(a-f), the applicant must meet at least one of the following conditions:

- ☐ Cannot walk 200 feet without stopping to rest
- ☐ Cannot walk without the use of a brace, cane, crutch, prosthetic device, wheelchair, or assistance from another person
- ☐ Is restricted by lung disease (FEV1 < 1 liter or arterial oxygen tension < 60 mmHg on room air at rest)
- ☐ Requires portable oxygen
- ☐ Has a cardiac condition classified as Class III or IV by the American Heart Association
- ☐ Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition
- ☐ Other: _____

Medical Certification

Please check the appropriate credential of the certifying professional:

- ☐ Licensed Physician
- ☐ Physician Assistant
- ☐ Chiropractor
- ☐ Advanced Practice Registered Nurse

Permit Type

Please indicate the type of permit being requested:

☐ Permanent

☐ Temporary

Permit Validity Period

Please specify the start and end dates of the permit validity period:

- Start Date: _____
- End Date: _____

Acknowledgement and Signature

I hereby certify that the information provided above is true and accurate to the best of my knowledge

Applicant Signature: _____ Date: _____

Physician Certification and Signature

I hereby certify that the applicant meets the eligibility criteria for an accessible parking permit as defined in KRS 186.042

Physician Name: _____

License Number: _____

Signature: _____ Date: _____