



**HISTORIC BRISTOL BOROUGH**

Municipal Building  
250 Pond Street  
Bristol, PA 19007

**PERSON WITH DISABILITY  
PARKING APPLICATION**

APPLICANT INFORMATION (list name and address of person with disability):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

PA Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE WITH THIS APPLICATION\***

Are you the Owner of the Property? \_\_\_\_\_ (If not, submit a letter from owner granting permission for this request)

Do you have a driveway at your property? \_\_\_\_\_

**AUTOMOBILE INFORMATION:**

Year, Make and Model of Vehicle: \_\_\_\_\_ Color of Vehicle: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ Are you the owner of the vehicle? \_\_\_\_\_

Do you have a: Handicapped License Plate \_\_\_\_\_ Permanent Disability Placard \_\_\_\_\_ OR

Temporary Disability Placard \_\_\_\_\_ If Temporary – Date Temporary Placard Expires \_\_\_\_\_

**\*ATTACH A COPY OF YOUR PERMANENT OR TEMPORARY PLACARD OR PHOTO OF  
HANDICAPPED LICENSE PLATE\***

**CERTIFICATION FROM A HEALTH CARE PROVIDER IN PA:** HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. **WARNING:** Altering or forging a document issued by the PA Department of Transportation, such as a disabled person parking placard or possessing, using, or displaying, such a document knowing it to have been altered, forged, or counterfeited, is a misdemeanor of the first degree pursuant to the Vehicle Code, 75Pa.C.S. Section 7122, punishable by a fine of not more than \$10,000 or imprisonment of not more than five years, or both. **NOTE: REFERENCE BRISTOL BOROUGH ORDINANCE 1231, DECEMBER 11, 2006**

Physician's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Physician's Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Is your Disability Permanent or Temporary? \_\_\_\_\_

**\*ATTACH A COPY OF HEALTH CARE PROVIDER'S CERTIFICATION OF DISABILITY\***

SIGNATURE(S)

NOTARIZATION  
COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF BUCKS

*I state that I have read and signed this application after its completion. I affirm the statements made herein are Correct.*

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_ 20 \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTARY PUBLIC

*I affirm I am the owner of the above mentioned property.*

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_