



Registered Handicap Vehicle Form

Name: _____ A#: _____

Vehicle Make/Model/Year: _____

Vehicle License Plate #: _____ Permit Number: _____

Please check the box that applies:

Student

Faculty/Staff

Other: _____

Please bring in the following documentation:

Valid Handicap Placard

Photo of Handicap License Plate (if applicable)

Driver's License

If using Handicap License Plate, please bring in supporting documentation

Please note: A registered handicap parking permit does not ensure Handicap Parking, but informs security personnel that your handicap placard or handicap/disable veteran vehicle license plate documentation is on file at the STC Department of Public Safety.

Signature: _____ Date: _____

Do Not Write Below This Line – For Department of Public Safety Use Only

Approved

Not Approved

Comments: _____

Permit # Issued: _____ First Additional Replacement

Issued By: _____ Date: _____