

HANDICAP PARKING SIGN APPLICATION

Borough of Tremont, Schuylkill County, Pennsylvania

Applicant **MUST** have a valid and current handicap placard or license plate issued by the PA Department of Transportation.

A

-- APPLICANT INFORMATION --

_____	_____	____/____/____		
LAST NAME	FIRST NAME	DATE OF BIRTH		
_____	_____	_____	_____	_____
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
_____	____/____/____	OR _____		
PLACARD#	PLACARD DATE OF EXPIRATION	HANDICAP LICENSE PLATE#		

****A copy of your placard or placard ID card must be submitted with this application.***

NOTE: If you are the parent or the adult with the natural parent's rights, duties, and responsibilities by law, acting on behalf of a minor child (under age 18) in place of the child's natural parents, then please complete the information below as Person in Loco-Parentis.

_____	_____	_____	_____	_____
NAME OF PARENT OR PERSON IN LOCO-PARENTIS	RELATION TO APPLICANT			
_____	_____	_____	_____	_____
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

B

-- CERTIFICATION FROM A PHYSICIAN --

(This Section is to be filled out by your Doctor)

Eligibility Requirements Code # _____ (SEE REVERSE SIDE FOR INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS)

If listing Code # 4, please indicate which type of assistance device is used: _____

** I hereby certify that the person listed above is under my care and has the above condition/disability as per the requirements listed on the reverse side of this form. **

_____	_____	_____		
PHYSICIAN'S PRINTED NAME	MEDICAL LICENSE NUMBER	PHYSICIAN'S SIGNATURE		
_____	_____	_____	_____	_____
OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER

C

-- NOTARIZATION AND SIGNATURE --

SUBSCRIBED AND SWORN TO BEFORE ME:	
MO _____ DAY _____ YEAR _____	
_____ SIGNATURE OF PERSON ADMINISTERING OATH	
S E A L	

<i>I hereby make application for a handicapped parking sign and certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree, punishable by a fine of up to \$ 2,500 and/or imprisonment up to 1 year.</i>	
_____	____/____/____
SIGNATURE OF APPLICANT	DATE

ELIGIBILITY REQUIREMENT CODES

List all that apply

- # 01 - blind
 - # 02 - does not have full use of an arm(s).
 - # 03 - cannot walk 200 feet without stopping to rest.
 - # 04 - cannot walk without the use of, or assistance from, a brace, cane, another person, prosthetic device, wheelchair or another assistive device
 - # 05 - restricted by lung disease to such an extent that the applicant's forced (respiratory) volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
 - # 06 - uses portable oxygen.
 - # 07 - has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
 - # 08 - severely limited in his/her ability to walk due to an arthritic, neurological or orthopedic condition.
 - # 09 - a person in **loco parentis* of a person specified in the above codes.
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HANDICAP PARKING SIGN APPLICATION

Borough of Tremont, Schuylkill County, Pennsylvania

APPLICATION INSTRUCTIONS

- SECTION A - The person applying for the Handicap Parking Sign fills out this section. This person **MUST** have a valid and current handicap placard or license plate issued by the PA Department of Transportation. For information on handicap placard or license plate this requirement visit www.dmv.pa.gov. **A copy of your placard or placard ID card must be submitted with this application.**
- SECTION B - This Section is to be filled out by a Licensed Physician in Pennsylvania or an adjoining State (New York, New Jersey, Delaware, Maryland, West Virginia, or Ohio) who has knowledge of your disability. The eligibility requirement codes are listed below.
- SECTION C - A Notary Public's signature and seal are required in this section. The Application must be signed and notarized to be valid.
- FEES - There is no initial or annual fee for a handicap parking sign.
- SUBMIT - Return Completed Application to the Tremont Borough Office located at 139 Clay Street, Suite 1, Tremont, PA 17981. Any application that is incomplete, illegible, or otherwise not filled out in compliance with the instructions given, will be returned to the applicant without action.
- PROCESS - Upon receipt, we will review your application to make sure it is completed correctly, the proper documentation is attached and all requirements are met. It will then be presented to Council to review and vote on it at their next regularly scheduled meeting. If it is approved, the Streets Department will install the handicap sign. Regular Council Meetings are held the 2nd Tuesday of each month.
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HANDICAP PARKING INFORMATION

- The installation of a handicap parking sign does not entitle the applicant to a private parking space. Anyone with a valid handicap placard or license plate has the right to park in the space.
 - If at any time, for any reason, the sign is no longer needed, immediate notification to the Borough Office is required so the handicap parking sign can be removed.
 - If a vehicle is parked illegally in a space reserved for persons with disabilities, you should contact the police and provide them with the license plate number of the illegally parked vehicle as well as the date, time, and location of the violation.
 - All signs are the property of Tremont Borough.
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