

## Acknowledgement Form for Medical Parking Applicants

### NOTE

This form is to be submitted to the MDH Parking Coordinator with copies of the applicant's:

- MVA Disability Parking Certification Card;
- vehicle registration card; and/or
- Parking placard (red or blue).

My Disability is:

TEMPORARY;

PERMANENT;

OR  I am a DHMH employee who is a transporter of a disabled MDH employee.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
MDH Unit- Office, Administration, Division, etc.

\_\_\_\_\_  
Work Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
SSN (last four digits)

\_\_\_\_\_  
ID Card No. Front

\_\_\_\_\_  
ID Card No. Back

\_\_\_\_\_  
Make of Vehicle

\_\_\_\_\_  
Model of Vehicle

\_\_\_\_\_  
Year of Vehicle

\_\_\_\_\_  
License Tag No. w /State

### ACKNOWLEDGEMENT STATEMENT

I understand that the medical parking privilege is provided for the purpose of accommodating the disabilities resulting from an employee's medical condition, and is contingent upon documented medical certification of this condition. I understand that if any data provided by me or my doctor is found to be false or deceptive, or if any of the documents submitted have been altered or falsified, that I will be subject to the sanctions of applicable laws, regulations, and policies including civil and criminal actions, employment disciplinary actions, and loss of parking privileges. By signing this statement, I acknowledge that I have read the MDH Parking Policy and understand the requirements and obligations of the medical parking program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

