|  |  |
| --- | --- |
|  | Phone: (208) 885-6424 Fax: (208) 885-4219 E-mail: parking@uidaho.edu Web: www.uidaho.edu/parking |

**Temporary Disability Permit**

**Guidelines for Use**

1. U of I Temporary Disability parking permits are available for purchase by visitors, staff, and students with a valid state-issued disability placard.
2. Both the state-issued placard and the university permit must be displayed in the vehicle. The U of I Temporary Disability permit’s expiration date will be set to match that of the temporary state-issued placard.
3. This permit is free of charge for annual parking permit holders. For all others the cost is $1 per day - not to exceed the cost of an annual disability permit.
4. Temporary Disability permits displayed in conjunction with the state-issued disability placard are only valid on the University of Idaho campus in the following locations: ADA marked spaces, any regular colored lot space, metered spaces, posted time spaces and valid campus walkway spaces.
5. Disability permits are **NOT VALID** off campus or in the following on-campus locations: service or delivery spaces, visitor spaces, reserved spaces, any area not designated as a space (fire lane, yellow curb), areas posted "no parking 2 a.m. to 6 a.m." Parking in these areas may result in a citation.
6. If the Disability permit holder requires the use of a Personal Care Assistant (PCA), the PCA must be named on the Disability permit application. Use of the Disability permit by the PCA is acceptable only when accompanying the disabled permit holder.
7. Permit is invalid if altered in any way; altering permit constitutes illegal use.
8. These guidelines constitute a partial list of campus parking regulations specific to Disability permits. Campus maps and the complete parking regulations are available at [www.uidaho.edu/parking](http://www.uidaho.edu/parking).

# Temporary Disability Permit Application

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |
|  | Last | First | M.I. |
| Vandal Number / Student ID |  | DOB: |   |
| Address |  |  |  |
|  |  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email |  |  |
| Vehicle Make/Model: |  | Vehicle Color: |  | License Plate: |  |  |

 *State*

|  |  |
| --- | --- |
| Registered owner of vehicle: |  |
| Personal Care Assistant (PCA)\*: |  |

\* If the Disability permit holder requires the use of a Personal Care Assistant (PCA), the PCA must be named on the Disability permit application. Use of the Disability permit by the PCA is acceptable only when accompanying the disabled permit holder.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By signing below, I certify that I have received, read, and understand the guidelines for use of a Temporary Disability permit. I certify that this permit will be for my personal use and understand that it is valid only on campus for the dates indicated on the permit, and as specified by my doctor. I further understand that altering my permit or allowing someone else to use my permit for parking on campus constitutes illegal use and may result in citations and/or permit revocation.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |

 *Electronic signature acceptable*  |  | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |
| Please indicate the expiration date on your state-issued placard or registration: |
| Expiration Date: |

## Parking Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Permit Number: |  |
| Fulfilled by: |  | No Charge Permit #: |  |
| Cash[ ]  |  Check Credit Card [ ]  [ ]  |  |  |