

**HANDICAP PARKING REQUEST**  
(PRIVACY ACT STATEMENT ON REVERSE SIDE)

**I. TO BE COMPLETED BY THE REQUESTER**

1. TO (Medical Facility/USAF Hospital)		2. FROM (Unit)		3. DATE (yyyymmdd)	
4. LAST NAME		NAME		MIDDLE INITIAL	
5. GRADE		6. DATE OF BIRTH (yyyymmdd)			
7. BUILDING		8. AREA		9. ROOM/POST	
10. DUTY HOURS					
11. DRIVER'S LICENSE: Does Your Medical Condition Fall Within the Criteria of the Traffic and/or Vehicle Laws of Your state for Handicapped Authorization? <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. ARE RESTRICTIONS IMPOSED ON YOUR OPERATOR'S LICENSES? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)					
13. MEDICAL REASON FOR HANDICAPPED PARKING REQUEST(Explain in Detail)					
14. DOES YOUR POSITION REQUIRE WALKING OR STANDING? IF ANY OF THE BELOW, EXPLAIN HOW MUCH NORMAL (To and From Bldg) _____ REGULAR (Inside Form Desk to Desk) _____ FREQUENT (As Part of Duty per Performance) _____ INSIDE _____ OUTSIDE _____					
15. DO YOU PARTICIPATE IN ANY SPORTS(Explain Frequency and Type)					
16. DO YOU DRIVE YOURSELF TO WORK, RIDE WITH FAMILY MEMBERS, PARTICIPATE IN CARPOOL, OTHER					
17. DO YOU USE ARTIFICIAL ASSISTANCE(Specify, i.e. Crutches, Braces, Wheelchair)					
18. DISTANCE WALKED FORM REGULAR PARKING TO BUILDING(Estimate in Feet, Yards, or Parking Lines)					
19. SIGNATURE OF REQUESTER		20. OFFICE SYMBOL		21. OFFICE PHONE	
22. SUPERVISOR'S SIGNATURE VERIFYING KNOWLEDGE OF CONDITION					

**II. RECOMMENDATION BY EXAMINING DOCTOR/PHYSICIAN**

23. TO (Security Police/Parking Lot Monitor)		24. FROM		25. DATE (yyyymmdd)	
26. BASED UPON EXAMINATION AT THIS INSTALLATION AND A REVIEW OF MEDICAL HISTORY, I CERTIFY THAT THIS INDIVIDUAL BE GRANTED PARKING AS STATED BELOW. REGULAR HANDICAPPED PARKING: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (DURATION: _____ ) <input type="checkbox"/> DISAPPROVED(Retain Normal Parking)					
27. SIGNATURE OF MEDICAL PHYSICIAN				28. DATE (yyyymmdd)	

**III. AUTHORIZATION OF PARKING SPACE**

29. TO		30. FROM			
31. DATE RECEIVED(yyyymmdd)		32. DATE SPACE ASSIGNED (yyyymmdd)		33. SPACE PERMIT NUMBER	
34. EXPIRATION DATE(yyyymmdd)					
35. SIGNATURE OF SECURITY POLICE/PARKING LOT MONITOR		36. PHONE		37. DATE (yyyymmdd)	

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!  
Start with the "Flash Demo" at the top of the following page:  
[www.usa-federal-forms.com](http://www.usa-federal-forms.com)**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):  
[www.savePDF.com](http://www.savePDF.com)**

**Convert any document (in any format) to PDF fillable and savable:  
[www.FillinDocs.com](http://www.FillinDocs.com)**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:  
[www.usa-federal-forms.com](http://www.usa-federal-forms.com)**

---

### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC. 8012 "Security of the Air Force: Powers and Duties. Delegation by "Executive Order 9347, 22 November 1943; "Numbering System for Accounts Relating to Individual Persons."

PRINCIPAL PURPOSES(S): Assist handicapped personnel in obtaining reserved parking due to medical or physical handicap.

ROUTINE USE: Individuals complete and submit request for consideration reserved to park within close proximity to their assigned work areas. this parking is reserved. Information supplied is evaluated by the Civilian Employees Health Service and Security Police to justify the medical or physical need of this particular parking privilege.

DISCLOSURE: Whether disclosure is mandatory or voluntary and effect individual of not providing information; disclosure of the information is voluntary - personnel not completing this form will not be issued handicap parking decals.