



# Reserved Residential Parking Application For Individuals with Mobility Impairments

Use this form to apply for or renew a reserved, residential parking space.

## Eligibility.

A DC Resident with a mobility impairment is eligible to apply for a reserved, residential parking space if the DC Resident has an automobile or lives at the same address as a caregiver with an automobile.

- A mobility impairment is defined as:
- A respiratory condition or other disease limiting mobility;
  - A severe disability limiting the ability to move without mobility aids (e.g., wheelchair, walker, crutches, cane, or long leg braces); or

- The DC Resident with the mobility impairment must also satisfy the following criteria to be eligible:
- Live in a single-family home with no garage, driveway, car port, or private alley parking.
  - Have an unexpired disability placard or tag (license plate) from the DC Department of Motor Vehicles.

## Step 1: Confirm your eligibility.

I confirm that my application is true to the best of my knowledge and that the requested parking space is for my personal use or the use of a person with mobility impairment for whom I am the caregiver/parent/guardian and who meets the eligibility criteria.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 2: Type of application.

What type of application is this?  New  Renewal (must be renewed each year)

Who are you applying for?  Self  Minor (under 18) with whom I share a residence and am their caregiver  Adult (18+) with whom I share a residence and am their caregiver

## Step 3: Mobility Impaired Individual's Information.

First Name:	Last Name:	Date of Birth:	
Email:	Phone:		
Residential Address:	Washington, DC	ZIP:	
Special Parking Permit #	Vehicle License Plate:		

## Step 4: Vehicle Owner's information. If different from individual information listed above, complete this section.

First Name:	Last Name:	Date of Birth:	
Email:	Phone:		
Residential Address:	Washington, DC	ZIP:	

## Step 5: A medical practitioner must answer the questions below.

This application MUST BE postmarked or hand-delivered to DDOT within 60 days from when a medical practitioner completes this section.

A false statement on this form is a violation of DC law and subject to a fine of up to \$1,000, imprisonment up to 180 days imprisonment, or both.

Does the person have a mobility impairment or limitation?  Yes  No

Is the person limited in the ability to move without mobility aids (i.e. wheelchair, walker, crutches, cane, or long leg braces)?  Yes  No

Does the person have a respiratory condition and/or other disease limiting mobility?  Yes  No

Will the person's mobility impairment last longer than a year?  Yes  No

Please describe in detail the nature & extent of the person's mobility limitations.

Practitioner's Signature:	Date:	Phone:
Practitioner's Name:	Practitioner's ID #:	

## Step 6: Authorize the release of your medical information.

I authorize the District Department of Transportation (DDOT)'s Americans with Disabilities Act (ADA) Coordinator and/or his or her designee to receive my medical records and to discuss my medical condition with the medical practitioner who completed the mobility assessment on page one (1) of this application for the following purposes:

- To confirm that my medical condition is a disability under the Rehabilitation Act;
- To assess the functional limitations or work related restrictions associated with the stated impairment;
- To clarify medical information previously submitted by the applicant to DDOT; or
- To receive recommendations regarding alternative accommodations.

DDOT will only request medical information that is directly related to your mobility impairment. I understand that the information that is collected and discussed will be treated with confidentiality. However, directly relevant information may be shared with supervisors/managers; others who need to know to address work restrictions and/or accommodations; or with those responsible for emergency treatment; and/or employees in the Information Technology and Innovation Division, in order to make decisions, or provide advice on matters relating to my request for reasonable accommodation. This release terminates 120 days after the date of this application is received by DDOT.

If you are signing this authorization as the legal representative of a minor, you must submit a copy of the form(s) verifying your right to authorize the disclosure of protected health information from the minor's medical provider to DDOT.

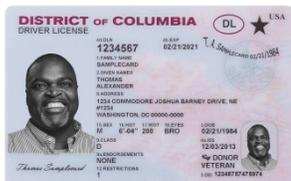
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Step 7: Gather copies of ALL the items below and include them with this application.

Copies of these documents cannot expire within 90 days of the date on which you submit this application.

### Driver's license



### Vehicle insurance



### Vehicle registration



### Disability tags (plate) OR placard (photos are acceptable)



## Step 8: Submit your application. Submit this application and all required documents by one of the following method.

### By Email

[ddot.parking@dc.gov](mailto:ddot.parking@dc.gov)  
Subject line: Mobility Parking

### In-person

55 M Street, S.E., Suite 400  
Monday – Friday: 9:00 am – 3:00 pm

### By Mail

DDOT, Attn: Customer Service Clearinghouse  
55 M Street, S.E., Washington, D.C. 20003

## Step 9: DDOT review and approval/denial.

DDOT will review your application and examine the parking conditions near your home in person (you do not need to be present for the investigation). DDOT will approve or deny your application within 30 business days of the date on which you apply.

### If approved:

- You will receive an approval letter in the mail.
- DDOT will provide public notice of the reserved parking sign installation to the Secretary of the DC Council, your local Advisory Neighborhood Commission, and on the DDOT website.
- DDOT will install the reserved parking sign between 60 – 90 business days from the date of your approval and mail you a dashboard permit authorizing your vehicle to park in the designated space.

**If denied:** You will receive a letter from DDOT in the mail explaining why your request was denied.

## Frequently Asked Questions.

**Can I register more than one vehicle for the reserved spot?** No. The reserved spot must be assigned to a single vehicle.

**How often do I have to renew my parking space?** You must renew your space each year by submitting this application with the required documents. You should submit your renewal 30 days before the expiration of your space to avoid a gap in permits.

**What if I move to a different address?** Please notify DDOT immediately. If you would like to reapply to the program at your new DC address, you must submit a new application, not a renewal.

**Is there a fee for requesting or receiving a reserved parking spot?** No. There are no fees.