

**Parking and Transportation Services**  
6012 Campus Delivery  
Fort Collins, CO 80523-6012  
Phone: (970) 491-7041  
Fax: (970) 491-2017  
pts.colostate.edu



### MEDICAL PERMIT APPLICATION

To be completed by applicant (please print):

NAME: \_\_\_\_\_ CSU ID: \_\_\_\_\_

STATUS: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_  
(faculty, staff, student, other)

LOCAL ADDRESS: \_\_\_\_\_

VEHICLE LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_ MAKE: \_\_\_\_\_

I hereby affirm that I have a  permanent  temporary impairment of such a nature as to substantially restrict my ability to move from place to place.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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To be completed by physician (please print):

EXPECTED DURATION OF DISABILITY (check one):  PERMANENT  
 TEMPORARY UNTIL \_\_\_\_\_  
Date

Approximate number of blocks individual can walk without impairment to condition (check one):

Less than 1 block  More than 1 block

I hereby affirm that the above named patient has an impairment of such a nature as to substantially restrict movement from place to place.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN'S PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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### FOR INTERNAL USE ONLY

PERMIT NUMBER ISSUED: \_\_\_\_\_ LOT(S) / OR STALL: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_