

DISABLED PARKING PERMIT APPLICATION

NAME:				
ADDRI	ESS:			
CITY: _		STATE:	ZIP CODE:	
UNIVE	RSITY ID#:	TELEPHONE NUM	1BER:	
EMAIL	ADDRESS:			
VEHIC	LE INFORMATION: LICENSE PLA	ATE #:	STATE:	
MAKE:	MO	DEL:	COLOR:	
	permit cannot be renewed or e temporary or annual permit. At ANNUAL UW DISABLED OR UW	itten verification from a doc extended without a valid De tach a copy of the verificati	tor. The temporary UW disabled partment of Transportation (DOT)	
		Expiratio	n Date:	
٠	All citations and other unpaid fees purchasing a permit.	are due to UW Transportat	ion Services prior to applying for or	
1	UW Transportation Services reserves the right to cancel any UW disabled (UW DIS) / UW DIS moped permit if during the verification process the state disabled permit is found invalid or registered to a different owner.			
٠	UW DIS and UW DIS moped permits are for the exclusive use of the permit holder and may not be transferred, sold, or loaned to anyone else.			
	Annual permit holders are required	nnual permit holders are required to return their hangtag while the UW DIS permit is valid.		
•	Vehicles using altered or counterfeit permits are subject to ticket and tow.			
•	Failure to follow UW Transportation The accessible permit parking police transportation.wisc.edu			
	Signature		Date	