



City of Alexandria  
 Department of Transportation and Environmental Services  
**Application for a Disability Parking Space**

This application is to be filled out and returned, along with the required documentation, to the Department of Transportation and Environmental Services, 421 King St. Suite 235, Alexandria, VA 22314. This form and documentation may also be hand-delivered to the address above, or emailed to max.devilliers@alexandriava.gov.

To fill out this form *online*, please see our webpage: alexandriava.gov/parking/program/disability-parking-on-residential-streets.

Within 30 days of receipt of a completed application and required documentation, the City will notify you, in writing, of the approval or disapproval of your application. **Applications that are incomplete will not be considered until all of the required information is submitted to the City.** If you have any questions, please call the Department of Transportation and Environmental Services at (703) 746-4245.

**Please Print**

**Name:** \_\_\_\_\_

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

**ALEXANDRIA ADDRESS WHERE YOU RESIDE:**

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (Zip Code)

\_\_\_\_\_  
 (Email Address)

**Daytime Phone #:** \_\_\_\_\_

**Evening Phone #:** \_\_\_\_\_

All applicants must complete all of **either** Section 1 **or** Section 2. Sections 3, 4, 5, 6, and 7 are to be completed **as applicable**. Please check only those boxes that apply to your situation and submit the required documentation for each box checked.

**Section 1: I am applying for a disability parking space for the vehicle that I own and drive. Enclosed is the following documentation:**

- A copy of a valid Virginia Department of Motor Vehicles (DMV) disability parking placard
- A copy of a valid Virginia DMV registration showing:
  - o That I have a valid disabled parking license plate
  - o That my vehicle is registered to my residence
  - o That I reside at the address stated in this application
- A copy of the medical certification submitted to DMV or a doctor's letter certifying my disability because I cannot obtain a copy of the DMV certification\*

**Section 2: I am applying for a disability parking space. I do not drive or own a vehicle, but someone else in my residence does. Enclosed is the following documentation:**

- A copy of a valid Virginia Department of Motor Vehicles (DMV) disability parking placard
- A copy of a valid DMV registration showing the vehicle that will be transporting me is registered in Alexandria to a person who lives at my residence
- A copy of the medical certification submitted to the DMV, or a doctor's letter certifying my disability (because I cannot obtain a copy of the DMV certification)\*
- Verification that I live at the address stated above (e.g., voter registration card, utility bill)
- The person who owns and drives the vehicle is in the military and has an out-of-state vehicle registration. A copy of the out-of-state vehicle registration and documentation showing that he or she resides at the address of the requested parking space is enclosed.

**Please complete sections as applicable.**

- Section 3:** Off-street parking is available at my residence, but I cannot use it. Enclosed is a doctor's letter certifying that the off-street parking is not feasible for me to use.
  
- Section 4:** A disability parking space already exists on the same side of my block. Therefore, I am applying for a waiver of the limit of one disability parking space per block face. I have enclosed documentation addressing the requirements of subsection (e)(1) of Section 5-8-117 of the City Code.
  
- Section 5:** I do not have a legal parking space in front of my house (because of a fire hydrant or something else that prohibits parking in front of my house). I am applying for a waiver regarding the condition that the disability space be positioned in front of my house, and request that the space be located elsewhere on the same block. I have enclosed documentation addressing the requirements of subsection (e)(2) of Section 5-8-117 of the City Code.
  
- Section 6:** I will not be using this disability parking space for a period of three or more consecutive months within the year following the date of this application. The dates are: \_\_\_\_\_ (In cases such as this, the City will remove the disability parking signs for the period of time you are not in the city, so that others can use the parking space while gone, and the City will put signs back up when you return.)
  
- Section 7:** Because I am in the military and my car is registered out of state, I have enclosed a copy of my out-of-state vehicle registration, and documentation showing that I do reside at the address of the requested parking space.

I certify that I have read and understand the City Ordinance on Parking for Persons with a Disability and that this application and the documentation I have submitted are correct.

\_\_\_\_\_  
(Signature of Applicant)

\*medical information submitted by the applicant is exempt from mandatory disclosure under the Freedom of Information Act (FOIA), and shall not be subject to discretionary release. All medical records are placed in a sealable envelope, and marked confidential

**OFFICE USE ONLY**

APPLICATION APPROVED

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

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

DATE DISABILITY PARKING SIGNS INSTALLED:  
\_\_\_\_\_

APPLICATION DENIED

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

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

\_\_\_\_\_  
(Director or Designee Signature)

\_\_\_\_\_  
(Print Name & Title)