

CERTIFICATION OF MEDICAL ELIGIBILITY FOR A HANDICAPPED-PARKING CARD (AE Reg 190-1/CNE-CNA-C6F Inst 11240.6Y/USAFE-AFAFRICA Inst 31-202)		DO NOT WRITE IN THIS BLOCK	
Data Required by the Privacy Act of 1974 Mandatory or voluntary disclosure and effect on individual not providing information. The disclosure of personal information is voluntary. Failure to provide any item of information may result in the rejection of the application.			
A. Applicant Information			
1. Applicant's name (Last, first, MI)		2. Applicant's grade	
3. Applicant's DOB (YYYYMMDD)	4. Applicant's SSN	5. Applicant's DOD ID number	
6. Status of applicant	7. Relationship to sponsor	8. Sponsor's branch of service	
<input type="checkbox"/> Military <input type="checkbox"/> Military Family member <input type="checkbox"/> Civilian <input type="checkbox"/> Civilian Family member	<input type="checkbox"/> Self <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Other	
9. Sponsor's name (last, first, MI)		10. Sponsor's grade	
11. Sponsor's address (PSC/CMR)		12. Box number	13. APO
14. Organization		15. Signature	
B. Approval Authority (To be completed by the applicant's physician or medical provider.)			
16. Eligibility is based on (check appropriate box)		17. Eligibility dates	
<input type="checkbox"/> Mobility impairment <input type="checkbox"/> Legal blindness		<input type="checkbox"/> Permanent (4 years) <input type="checkbox"/> Temporary (1-6 months). Dates are from _____ to _____	
18. Name of medical treatment facility or clinic		19. Date (YYYYMMDD)	
20. Provider's printed name		21. Provider's signature	
Instructions			
Please take the following items to your local vehicle-registration office: <ul style="list-style-type: none"> Two color passport-size photos. This completed form signed by your physician or medical provider. On receipt of your application, you will be issued a temporary handicapped-parking authorization card. You will use this temporary card only for the time it takes to process your application. The card will expire when you receive your formal handicapped-parking card and must be turned in to your vehicle-registration office in exchange for your formal card. <p>Only one handicapped-parking card will be issued per person. The card may be transferred between vehicles transporting the handicapped person. The handicapped-parking card will be valid only for the period specified by your physician or medical provider on this form and may be used only at U.S. military facilities in the Public Health Command Region-Europe footprint. Once your formal handicapped-parking card has been completed, it will be mailed to your local vehicle-registration office for pickup.</p> The handicapped-parking card will be displayed in a vehicle only when that vehicle is transporting the applicant.			