



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
DISABILITY PARKING PLACARDS OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368
www.dmv.ri.gov



GROUP CARE FACILITY DISABILITY PARKING PLACARD APPLICATION

Facility Name: _____

Facility Address: _____
Street City/Town Zip Code

Mailing Address: _____
Street City/Town Zip Code

Telephone: _____ License # (Issued by Health Dept.): _____

Type of Facility: _____ FEIN #: _____

Number of Patients Cared For: _____ Number of Employees: _____

Does your facility provide care or services to blind, disabled or ambulatory disabled persons? [] Y [] N

Type of care or service provided: _____

LIST VEHICLE INFORMATION

Table with 5 columns: REGISTRATION #, YEAR, MAKE, TYPE, COLOR. Contains 5 rows of blank lines for data entry.

Signature (Manager or Administrator): _____

Name and Title (Type or Print): _____

These permits are the responsibility of the facility listed in this application and should only be used when transporting disabled persons.

Unauthorized or improper use of these permits may result in revocation.