



STATE OF RHODE ISLAND

**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

<u>REGISTRATION #</u>	<u>YEAR</u>	<u>MAKE</u>	<u>TYPE</u>	<u>COLOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.**