

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name or Department]
[Department of Motor Vehicles / Local Transit Authority]
[Address]

Subject: Request for Permanent Disability Parking Privilege

To Whom It May Concern,

I am writing to formally request a permanent disability parking permit/placard. Due to a diagnosed medical condition that significantly limits my mobility, I require the use of designated accessible parking spaces to ensure my safety and independence.

Enclosed with this letter, please find the required medical certification form completed and signed by my licensed healthcare provider. This documentation confirms the permanent nature of my disability and my eligibility for parking privileges under state and local regulations.

Please process this application and inform me if any further information or fees are required. I look forward to receiving my permit at your earliest convenience.

Thank you for your time and assistance.

Sincerely,

[Signature]

[Your Printed Name]