



RENEWAL FOR DISABLED PERSON PERMANENT PARKING PERMIT

THERE IS NO FEE FOR THE RENEWAL OF A PERMANENT PARKING PERMIT

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes.

Name of Disabled Person as printed on the Florida Driver License or Florida ID Card:		
First Name	Middle Name	Last Name

Signature of Disabled Person, Parent or Guardian of Disabled Person

Current Disabled Parking Permit Number	Florida Driver License Number or Identification Card Number
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If applicable, check one of the following: I am a frequent traveler. I am a quadriplegic.

If a change of address is needed please complete below:

Street Address		
City	State	Zip Code

**Please mail renewal to:
 PINELLAS COUNTY TAX COLLECTOR
 PO BOX 749
 CLEARWATER, FL 33757-0749**