



## Disability Parking Application

### PRIVACY ACT STATEMENT

AUTHORITY: The Federal Property and Administrative Services Act of 1949 (40 U.S.C. para 471 et seq) and Federal Property Regulations (41 C.F.R. paras 101-20.111 and 101-20.117).

PURPOSE: To allocate and provide administrative controls over allocated parking permits in facilities under the jurisdiction of USAID.

ROUTINE USES: In response to specific inquiries, names, zip codes, and work telephone numbers from this application may be disclosed for the purpose of making ridesharing arrangements. It may also be disclosed to other Federal agencies for verifying vanpool/carpool eligibility for a parking permit and to the Department of Justice where there is reason to believe an individual has violated the law to enable prosecuting such violation. The submission of this form is voluntary; however, those individuals who do not submit a form or fail to supply all of the information requested on this form may delay or prevent approval of their application.

*The Rehabilitation Act of 1973, as amended, requires federal agencies to provide reasonable accommodations to qualified employees or applicants with disabilities, unless doing so would cause undue hardship. Please refer to [ADS 111](#) for more information about the reasonable accommodation program.*

*If you are requesting parking as a reasonable accommodation, please contact the Office of Civil Rights and Diversity (OCRD) at [reasonableaccommodations@usaid.gov](mailto:reasonableaccommodations@usaid.gov) to initiate the process. Upon receipt, please return the OCRD Approval Memorandum and this completed form to [transitbenefitprogram@usaid.gov](mailto:transitbenefitprogram@usaid.gov). M/MS will respond to this request within two business days. Please refer to [ADS 514](#) for more information about disability parking permits.*

*Parking applications are recertified annually. All participants must resubmit this application during this process.*

- New application**                       **Annual recertification**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Wk. Phone: \_\_\_\_\_ Wk. Email: \_\_\_\_\_

Bureau/Office/Division: \_\_\_\_\_

#### Reason for parking

- Long term disability (more than six months)  
 Short term disability (less than six months)

#### Please check to acknowledge the following:

- I certify that I am not participating in USAID's Transit Program.  
 I agree to make payments in pay.gov by the 10<sup>th</sup> of each month.  
 I understand that if I am delinquent in making payments, my parking will be revoked.  
 I understand that my parking space may be taken for reasons listed in ADS 514 with two weeks' notice or until the end of the month for which I have already paid, whichever is more.  
 I agree to comply with ADS 514.

### Signatures

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_