



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 41 CFR 102.74.305.
PURPOSE: To allocate and provide administrative controls over allocated parking permits in facilities under the jurisdiction of USAID.
ROUTINE USES: While the form itself is voluntary, your submission indicates that you agree to share the information recorded on the form. Your information may be used to facilitate ride sharing agreements. We may share your information to service providers, like parking garage operators, to facilitate various administrative activities, such as: processing payments, locating vehicles, reserving spaces in parking structures, etc. The information may also be disclosed for civil or criminal law or regulatory enforcement purposes to another agency or tribunal in response to a written request from that agency's head or an official who has been delegated such authority. 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 to initiate the process. Upon receipt, please return the OCRD Approval Memorandum and this completed form to 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 10th of each month for RRB.
- I agree to follow the parking vendor's payment procedures for all other USAID parking facilities.
- I understand that if I am delinquent in making payments, my parking will be revoked.
- 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: _____