

APPLICATION for UNIVERSAL DISABILITY PASS

NAME			
	First Name	Full Middle Name	Last Name
DNRid#		Date:	
		Signature	
	e of the following:		
	, ,	Affairs disability determina	tion letter
	, ,	ability parking certification	for all and
3. Cert	tification (below) by	y a licensed health care pro	itessional
		TIFICATION of DISABILIT	- -
I hereby		ant suffers from the impairr	
	that substantially	y limits one or more major l	ife activities.
Condition is	s □ permanent □	temporary anticipated t	o last until
	о — роппанот —	a temperary anno-pateur	
Prii	nted name	Signature – license	ed health care provider
Specialty: [☐ physician ☐ chiro	practor □ optometrist □ pod	iatrist nurse practitioner
Address:			
Telephone	:	Email:	
Medical lice	ense #	Issuing State E	Evn data
ivi c uicai ilci	ыыс #	ISSUITY State E	.λρ υαισ
		OFFICE USE ONLY	
Approval da	te:	Bv:	
1.1-1.2.3.3.30			_

Instructions for the UNIVERSAL DISABILITY PASS (UDP)

Register with the Department at https://compass.dnr.maryland.gov/DnrCompassPortal.

If you are returning to Compass to update information or to find your DNRid#, start here using either your DNRid# (if known) or your driver's license #



If you are new to the Department's Compass licensing database, start here.

Once registration is completed, your DNRid# will appear in the shaded top banner to the right of your name.

Enter your DNRid# on the Universal Disability Pass application – sign and date, attach required documentation, and mail to:

MD DNR Licensing & Registration Service (UDP)
P. O. Box 1869
Annapolis, MD 21404

Required documentation -- one of the following:

- Copy of your Veterans Affairs disability determination letter
- Copy of your MVA disability parking certification
- UDP Certification of Disability completed by a licensed health care provider.

Contact (410) 260-3220 with questions.