



APPLICATION for UNIVERSAL DISABILITY PASS

NAME _____
First Name _____ Full Middle Name _____ Last Name _____

DNRid# _____ Date: _____

Signature

Include one of the following:

1. Copy of your Veterans Affairs disability determination letter
2. Copy of your MVA disability parking certification
3. Certification (below) by a licensed health care professional

CERTIFICATION of DISABILITY

I hereby certify that applicant suffers from the impairment(s) detailed below that substantially limits one or more major life activities.

Condition is permanent temporary -- anticipated to last until _____

Printed name

Signature – licensed health care provider

Specialty: physician chiropractor optometrist podiatrist nurse practitioner

Address: _____

Telephone: _____ Email: _____

Medical license # _____ Issuing State _____ Exp date _____

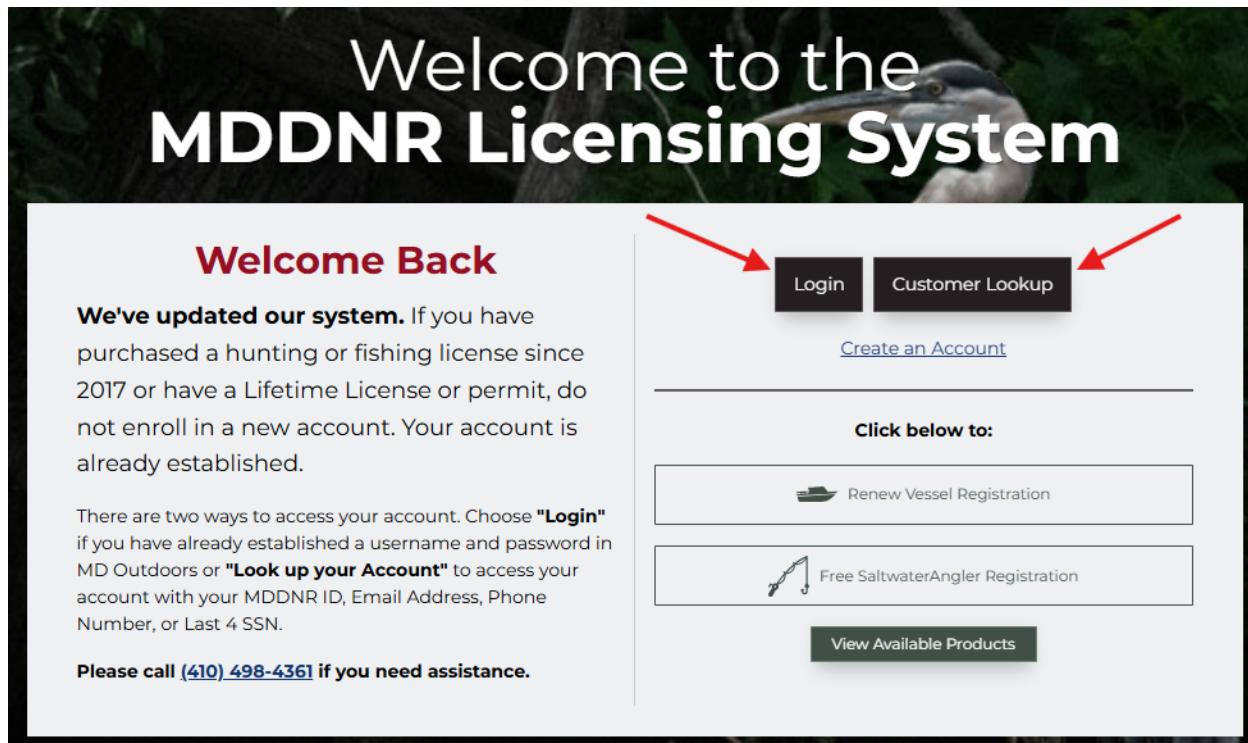
OFFICE USE ONLY

Approval date: _____ By: _____

Instructions for the UNIVERSAL DISABILITY PASS (UDP)

Register with the Department at <https://mdoutdoors.maryland.gov/login>

If you are returning to MD Outdoors to update information or to find your DNRid#, click on “Login”. If it is your first time to MD Outdoors, or you do not know your login information, click “Customer Lookup”.



Once registration is completed, your DNRid# will appear in the upper left corner under 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.