

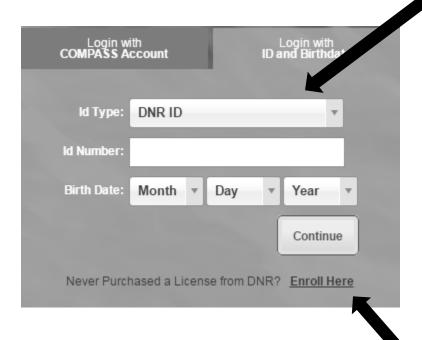
## **APPLICATION for UNIVERSAL DISABILITY PASS**

NAME			
	First Name	Full Middle Name	Last Name
DNRid#		Date:	
_		Signature	
		Signature	
1. Copy of 2. Copy of	of your disability p	Affairs disability determina placard issued by MD Moto a licensed health care pro	or Vehicles
	ertify that applica	TIFICATION of DISABILIT ant suffers from the impairn limits one or more major li	nent(s) detailed below
Condition is [	□ permanent □	temporary anticipated t	o last until
Printed name		Signature – licensed health care provider	
Specialty: 🛭 p	ohysician □ chirop	ractor ☐ optometrist ☐ pod	iatrist ☐ nurse practitioner
Address:			
Telenhone:		Email:	
Medical licen	se #	Issuing State E	xp date
OFFICE USE ONLY			
Approval date:	proval date: By:		

## Instructions for the UNIVERSAL DISABILITY PASS (UDP)

Register with the Department at <a href="https://compass.dnr.maryland.gov/DnrCompassPortal">https://compass.dnr.maryland.gov/DnrCompassPortal</a>.

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)
1804 West St Ste 300
Annapolis MD 21401

## Required documentation -- one of the following:

- Copy of your Veterans Affairs disability determination letter
- Copy of your disability placard issued by MD Motor Vehicles
- UDP Certification of Disability completed by a licensed health care provider.

Contact (410) 260-3220 with questions.