



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://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 #

Login with COMPASS Account | Login with ID and Birthdate

Id Type: DNR ID

Id Number: [input field]

Birth Date: Month [dropdown] Day [dropdown] Year [dropdown]

Continue

Never Purchased a License from DNR? [Enroll Here](#)

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.

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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 disability placard issued by MD Motor Vehicles
- UDP Certification of Disability completed by a licensed health care provider.

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Contact (410) 260-3220 with questions.