

INSTRUCTIONS FOR PARKING PERMITS

Complete the top section (Part 1) with *your* information. **Sign** at the arrow.

Bring the application to your medical professional. The medical professional completes Part 2, Medical Certification. A list of acceptable medical professionals is listed in Part 2 of the form. A diagnosis must be provided. An **original signature** is mandatory. We cannot accept fax copies or photocopies.

The maximum length a disability permit may be issued is:

Red Temporary tag – 6 months

Blue Permanent tag – 5 years

Every time a disability parking tag expires you and your medical profession will need to complete a new form.

If a medical professional issues an order on letterhead or prescription it **MUST** include the following or a permit cannot be issued at that time:

Diagnosis, original signature of the medical professional, license of the medical professional, length of time of the permit, and the order cannot be more than a year old.

Bring completed form to the Town Clerk's office during normal business hours. Be sure to have your NYS driver's license or your official NYS DMV issued non-driver's ID card.

Your permit will be issued at that time. If you have had a disability parking tag in the past you must return the expiring tag when receiving your new tag.

Parking permits are issued at the Town, Village or City where you live.

ALL OF THE ABOVE REQUIREMENTS ARE ISSUED FROM THE NYS DMV

**DRIVER'S LICENSE
OF APPLICANT MUST
BE PROVIDED IN ORDER
TO ISSUE PERMIT**



**Department of
Motor Vehicles**

**APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES,
FOR PERSONS WITH SEVERE DISABILITIES**

Please read pages 1 and 2 of this packet before you complete this application. If you apply for a parking permit, take the completed application to the issuing agent (local municipality) in the city, town or village where you live; **do not send your application to the Department of Motor Vehicles because DMV does not issue parking permits.** **Email Address:**

Part 1 INFORMATION ABOUT PERSON WITH DISABILITY — (Please print and sign by the arrow.)

Last Name		First	M.I.	Telephone No. ()	
Address: No. and Street		Apt. No.	City	State	Zip Code
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	I want: <input type="checkbox"/> License Plates (Apply to DMV.) <input type="checkbox"/> A Parking Permit (Apply to your local issuing agent.)			
Do you have license plates for persons with disabilities? <input type="checkbox"/> Yes - My license plate number is: _____ <input type="checkbox"/> No			NYC residents - Attach a copy of your driver license or non-driver ID. If you had a New York State permit, print the permit number here: _____		

Read note on page 4 before you sign

→ _____
(Signature of Person with Disability or Signature of Parent or Guardian) — If signed by a parent or guardian, please write your relationship to the person with the disability after your signature. (Date)

Part 2 MEDICAL CERTIFICATION

NOTE: PERMANENT DISABILITIES may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), a Doctor of Podiatric Medicine (DPM, for disabilities related to the foot) or Optometrist (OD, for blindness). **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.

Check the box(es) that describe the disability, and fill in the diagnosis:

TEMPORARY DISABILITY: A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

Expected Recovery Date: _____ **Diagnosis:** _____

What assistive device is needed? _____

PERMANENT DISABILITY: A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

Diagnosis: _____ Please **check the conditions that apply:**

Uses portable oxygen Legally blind Limited or no use of one or both legs Unable to walk 200 ft. without stopping

Neuromuscular dysfunction that severely limits mobility Class III or IV cardiac condition. (American Heart Assoc. standards)

Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition

Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest

Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.

MD/DO/DPM/NP/PA/OD Name	Professional License No.
MD/DO/DPM/NP/PA/OD Address	Telephone No. ()

Read note on page 4 before you sign

→ _____
(MD/DO/DPM/NP/PA/OD Signature) (Date)

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

Blue Red **Parking Permit No.** _____ **Date Issued:** _____ **Date Expires:** _____

First Second 9-digit number from NYS Driver License/ID Card _____

Denied Revoked Reason: _____ (Date)

→ _____
(Issuing Agent) (Locality)