



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

Please read pages 1 and 2 of this packet before completing this application. If applying 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. DMV does not issue parking permits.

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

Form fields for Part 1: Last Name, First, M.I., Telephone No., Address: No. and Street, Apt. No., City, State, Zip Code, Date of Birth, Gender (Male/Female), and application type (License Plates or Parking Permit).

Do you have license plates for persons with disabilities? Yes - My license plate number is: No. Read Note on Page 4 Before Signing. Signature and Date fields.

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), or in cases involving podiatry, a Doctor of Podiatric Medicine (DPM). 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. Includes fields for Expected Recovery Date, Diagnosis, and 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. Includes a list of conditions and a field for Diagnosis.

Professional License No., Telephone No. fields for the certifying professional.

Read Note on Page 4 Before Signing. Signature and Date fields for the certifying professional.

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

Blue Red Parking Permit No., Date Issued, Date Expires, 9-digit number from NYS Driver License/ID Card, Denied/Revoked Reason, Issuing Agent, Locality.