Please TEAR at the PERF and keep pages 1 & 2 for your information.

New York State 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 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.)*

Last Name	First	M.I.	Telephone No. ( )
Address: No. and Street	Apt. No.	City	State / Zip Code
Date of Birth	☐ Male ☐ Female	I am applying for ☐ License Plates *(Apply to DMV.)* ☐ Parking Permit *(Apply to local issuing agent.)*	

Do you have license plates for persons with disabilities? ☐ Yes - My license plate number is:_____ ☐ No

Read Note on Page 4 Before Signing

➔ _____ _____

(Signature of Person with Disability or Signature of Parent or Guardian) — *If signed by a parent or guardian, please state 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 Signing

➔ _____ _____

(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)