



APPLICATION FOR LICENSE PLATES AND PARKING PERMITS FOR PEOPLE WITH SEVERE DISABILITIES



GENERAL INSTRUCTIONS

You are eligible for license plates or a parking permit for the disabled if you are a New York State resident and are severely disabled with one or more qualifying permanent/temporary mobility impairments.

The pamphlet, "Be Parking Considerate," gives details on this program and is available from any Motor Vehicles office.

- 1) If you are applying for plates: (a) Your disability must be permanent. (b) The vehicle on which the plates will be used must be registered in your name... 2) If you are applying for the parking permit: (a) Your disability may be either permanent or temporary. (b) You do not have to be a driver or the registered owner of a vehicle to get a permanent or temporary permit... 3) The plates and permits are valid everywhere in New York State where there are designated parking spaces for people with disabilities... 4) The plates and permits may be used to park in "handicapped" parking spaces only when the vehicle is being used to transport the disabled person. 5) Any person who receives special plates or a parking permit, who abuses any privilege, benefit, precedence or consideration arising from possession of the plates or permit, may have them revoked.

Part I CUSTOMER INFORMATION (Please Print or Type):

Form with fields for Last Name, First, M.I., Telephone No., Address: No. and Street, Apt. No., City, State, Zip Code, Date of Birth, Sex (Male/Female), and I am applying for: License Plates, Permit, Second Permit.

I [] have [] do not have license plates for people with disabilities. If "Yes", my license plate number is: _____

I certify that the information above is true and that I have read and understand the conditions of this application and will comply with them.

If this application is signed by the parent or guardian of the applicant, please indicate your relationship to the applicant after your signature.

(Customer's Signature or Signature of Parent or Guardian) (Date)

IMPORTANT: False statements are punishable under Section 210.45 of the Penal Law.

Part II MEDICAL CERTIFICATION—a Medical Doctor (MD), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM) must complete this section:

Physician/Podiatrist Name	Professional License No.
Physician/Podiatrist Address	Telephone No. ()

A "severely disabled person" is any person with any one or more of the following mobility impairments, disabilities or conditions. Please check box(es) describing applicant's impairment(s):

has limited or no use of one or both legs; is legally blind

has a neuro-muscular condition that severely limits mobility;

has another physical or mental condition not included above, which constitutes an equal degree of disability. This disability prevents the person from getting around without great difficulty and makes use of public transportation unusually difficult.*

Please write legibly and specify how the applicant's disability limits or impairs his/her ability to walk. If appropriate, specify any aids to walking that you have prescribed, such as cane, crutches, walker, braces, wheelchair, prosthesis, portable oxygen or other. Please explain why the applicant's impairment is permanent. *Explain how the patient's mobility impairment is similar to one of the other qualifying disabilities, and specify what that comparable disability is.

If the applicant's impairment is temporary, and he/she is unable to ambulate without the aid of an assisting device, check the box at the left and give the expected recovery date: _____

◆ _____ (Physician/Podiatrist Signature) _____ (Date)

Part III. FILE INFORMATION (For Issuing Agent Use Only):

Locality Issuing Permit _____

- Approved
 - Permanent Permit No. _____ Expiration Date: _____
 - Permanent Second Permit No. _____ Expiration Date: _____
 - Temporary Permit No. _____ Expiration Date: _____
 - Temporary Second Permit No. _____ Expiration Date: _____

Denied Revoked Revocation Date: _____

Reason: _____

◆ _____ (Signature) _____ (Date)