NEW YORK CITY Department of Transportation

Application for a New York State Parking Permit for People with Disabilities
GENERAL INSTRUCTIONS

It is now required that you, the applicant provide us with a valid copy of your New York State Driver's License or a New York State Non Driver's Identification issued by the New York State Department of Motor Vehicles.

For more information about obtaining a New York State Driver's License or New York State Non-Drivers Identification card, please call the New York State Department of Motor Vehicles at: 718 / 966-6155 or 212 / 645-5550.

You can now apply on-line for a New York State Disability Parking Permit at the below website address, or mail your application in to our office.

1) You are eligible to receive a New York State disability parking permit for the disabled issued by the Department of Transportation's Parking Permits for People with Disabilities Unit if you are a New York City resident and have a qualifying, **severe mobility impairment** as certified by a NY State licensed physician or podiatrist.

2) You **do not** have to be a **driver or** registered owner of a vehicle to get a permit. *Legally blind* persons and *disabled children* **are** eligible for permits.

3) **The permit is valid** everywhere in New York State **where there are designated** parking **spaces for people with disabilities**. It is also valid in all other states and Canadian provinces. However, its use never allows you to disobey state or local parking regulations. The permit may be used **to park in disabled marked parking spaces only when the vehicle is being used to transport the disabled person.**

4) **Any person who has been issued a disability parking permit, who abuses any privilege, benefit, precedence, or consideration arising from possession of the permit, may have it revoked.**

5) The **application** is to be **signed by the person with the disability**. Signatures are allowed by a **parent or guardian *only*** if the applicant's disability does not allow **him/her to sign**, or if the applicant is a **minor.**

6) **Send** your **completed** application **(applicant's section and medical certification**) to the issuing agent for city residents: **Permits & Customer Service (PPPD Unit), NYC Department of Transportation, 30-30 Thomson, 2nd floor, Long Island City, New York 11101.**

7) **Applicant: Do you have a license plate for people with disabilities?**
Please check one: ____Yes ____No

8) If "*Yes*", and you attach a **copy** of your NY State vehicle registration to this application, you do not have to be recertified by a physician. Just fill out the **disabled person's personal information** on the reverse side of this form and return it with the copy of your disabled plate registration to this office. **(If it is a disabled vanity plate you must also send in a photo of it.)**

Please keep a copy of this application for your records.

NYC Department of Transportation
Perm its & Customer Service (PPPD Unit)
30-30 Thomson Avenue, 2nd Floor, Long Island City, NY 11101
T: 718-433-3100, TTY: 212 504-4115
www.nyc.gov/dot

NEW YORK CITY DOT Department of Transportation

Attach copy of applicants (disabled person) New York State Drivers License or Non-Drivers ID.

To apply for a New York State Disability Parking Permit

Please fill out this form completely
Please Print or Type

Please enter the applicant's (disabled person's) personal information below.

Name: _____ _____
(First) (Last)

Address: _____Apt#: _____

Borough/Post Office: _____, NY Zip Code: _____

Telephone #(s): Home #: (___)-_____-_____ Work #: (___) ____- _____

Date of Birth: ____-_____-_____ **Social Security Number**: ____ -___ -_____
(Providing your social security number is **no longer optional**.
Clients must provide their **full** Social Security number).

New York State issued Drivers License ID# _____ **Exp. Date** _____

New York State issued Non-Driver ID# _____ **Exp. Date** _____

I certify that the information contained in this application is true and that I have read and understood the conditions described on the reverse side of this form and will comply with them if issued a permit.
IMPORTANT: False statements are punishable under Section 210.45 of the Penal Law
MUST SIGN BELOW:

>>>_____Date:____/____/____
Applicant's signature or signature of parent or guardian

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This section is to be completed by a N.Y. State licensed Physician only (MD, DO, DPM)

Medical Certification for _____
(Name of patient)

Name of Physician: _____
(Please print clearly)

Address: _____

City: _____ State: _____ Zip Code: _____

NY State Prof. License # _____MD_____DO_____DPM_____

Telephone: (_____)-_____-_____

Please print or type in diagnosis **(no attachments will be accepted)**.
Is this condition: **Permanent** ___ or Temporary ___ (***Physician please check one***).
Diagnosis must severely affect walking; if permanent it must be *chronic* in nature.

If the condition is temporary, please give expected recovery date here ___ /___ / ____
Must indicate what assistive device is needed for ambulation.

DIAGNOSIS:

EXPLAIN BELOW HOW SEVERELY THE CONDITION AFFECTS THE ABILITY TO WALK?

Physician please read before signing:
By signing below you are certifying that the information you are providing is true and complete, any False statements or deliberate misinformation are punishable under Section 210.45 as per the NYS Penal Law; including fines. In addition any false statements on your behalf will also be reported to the New York State Department of Health Office of Professional Medical Conduct.

>>>Signature of Physician _____ Date:____/____/_____
(Stamped signature not acceptable)

For PPPD office use: Application #_____

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