



New York State Department of Motor Vehicles  
**APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES,  
 FOR PERSONS WITH SEVERE DISABILITIES**

**Parking Permit Applicants:** Take your completed application to the **issuing agent for the city, town or village where you live.** If you have a driver license or a non-driver ID card issued by NYS DMV, bring it with you when you apply for the permit. **Section 1203-a(1) of the NYS Vehicle and Traffic Law requires you to show your license or non-driver ID to the issuing agent in order to obtain a permit.** If you do not have a driver license or non-driver ID, this requirement does not apply.

<b>Part 1 INFORMATION ABOUT PERSON WITH DISABILITY — (Please print and sign by the arrow.)</b>				
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 am applying for <input type="checkbox"/> License Plates (Apply to DMV) <input type="checkbox"/> Parking Permit (Apply to 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				
<b>See Note on Page 2</b>				
→ _____ (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)	

<b>Part 2 MEDICAL CERTIFICATION</b>	
<p><b>NOTE: PERMANENT DISABILITIES</b> 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). <b>TEMPORARY DISABILITIES</b>, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.</p> <p><b>Check the box(es) that describe the disability, and fill in the diagnosis:</b></p>	
<input type="checkbox"/> <b>TEMPORARY DISABILITY:</b> 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. <b>IMPORTANT:</b> Temporary permits are issued for six months or less regardless of expected recovery date. Expected Recovery Date: _____ <b>Diagnosis:</b> _____ What assistive device is needed? _____	
<input type="checkbox"/> <b>PERMANENT DISABILITY:</b> A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility. <b>Diagnosis:</b> _____ Please check the conditions that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Uses portable oxygen <input type="checkbox"/> Legally blind <input type="checkbox"/> Limited or no use of one or both legs <input type="checkbox"/> Unable to walk 200 ft. without stopping</li> <li><input type="checkbox"/> Neuromuscular dysfunction that severely limits mobility <input type="checkbox"/> Class III or IV cardiac condition. (American Heart Assoc. standards)</li> <li><input type="checkbox"/> Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> 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.  <b>EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.</b></li> </ul> _____	

MD/DO/DPM/NP/PA Name	Professional License No.
MD/DO/DPM/NP/PA Address	Telephone No. ( )
<b>See Note on Page 2</b>	
→ _____ (MD/DO/DPM/NP/PA Signature) (Date)	

<b>Part 3 FILE INFORMATION (For Issuing Agent Use Only)</b>	
<input type="checkbox"/> Blue <input type="checkbox"/> Red <b>Parking Permit No.</b> _____ <b>Date Issued:</b> _____ <b>Date Expires:</b> _____ <input type="checkbox"/> First <input type="checkbox"/> Second 9-digit number from NYS Driver License/ID Card _____ <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <b>Reason:</b> _____ (Date) _____	
→ _____ (Issuing Agent) (Locality)	

## **NOTE TO CUSTOMERS AND MEDICAL PROFESSIONALS**

Making a false statement or providing false information on an application for a parking permit or license plates for persons with severe disabilities is a crime (a felony or a misdemeanor) under the Vehicle and Traffic Law and the Penal Law, and is punishable by a fine, imprisonment or both, and --regarding applications for parking permits--may also result in liability for payment of a civil penalty of \$250-\$1,000.

### **Customers Requesting License Plates, or a Parking Permit, for Persons with a Disability**

By signing Part 1 of this application, you are certifying:

- that the information you provide on this application is true;
- that you have read and understand the "Conditions for Using License Plates and Parking Permits" stated on form MV-664.3; and
- that you agree to comply with those conditions.

### **Medical Professionals Providing Medical Information in Support of an Application for License Plates, or a Parking Permit, for Persons with a Disability**

By signing Part 2 of this application, you are certifying:

- that the medical information you are providing is true and complete; and
- that, in your opinion, the person named in Part 1 of the application is medically qualified to receive license plates, or a parking permit, for persons with a disability, according to the medical criteria specified in Part 2.