



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



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

|   |   |  |                      |                |
|---|---|--|----------------------|----------------|
| Last Name   | First   | M.I.   | Telephone No.<br>( ) |                |
| Address: No. and Street   |   | Apt. No.   | City                 | State Zip Code |
| Date of Birth<br>/ /  | <input type="checkbox"/> Male <input type="checkbox"/> Female | I am applying for: <input type="checkbox"/> License Plates <input type="checkbox"/> Parking Permit |                      |                |
| I <input type="checkbox"/> have <input type="checkbox"/> do not have license plates for persons with disabilities. If "Yes", my license plate number is: _____  |   |  |                      |                |
| (Signature of Person with Disability or Signature of Parent or Guardian) — If signed by parent or guardian,<br>please state your relationship to the person with the disability after your signature. |   |  |                      | (Date)         |

**Part 2 MEDICAL CERTIFICATION**—This section must be completed only by a Medical Doctor (MD), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM) . Please certify whether the patient's disability is permanent or temporary.

**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**, such as a brace, cane, crutch, prosthetic device, another person, wheelchair, walker or other assistive device. (Temporary permits are issued for periods of six months or less.) **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** how this disability limits functional mobility.

\_\_\_\_\_

\_\_\_\_\_

|                   |                          |
|-------------------|--------------------------|
| MD/DO/DPM Name    | Professional License No. |
| MD/DO/DPM Address | Telephone No.<br>( )     |

(MD/DO/DPM Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Part 3 FILE INFORMATION** (For Issuing Agent Use Only):

PERMIT:  Permanent  Temporary **Parking Permit No.** \_\_\_\_\_ Issuance Date: \_\_\_\_\_

First  Second (Issued only at discretion of the issuing agent.) Expiration Date: \_\_\_\_\_

Denied  Revoked Reason: \_\_\_\_\_ (Date) \_\_\_\_\_

(Issuing Agent) \_\_\_\_\_ (Locality) \_\_\_\_\_