

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 (<i>Apply to DMV.</i>) ☐ Parking Permit (<i>Apply to local issuing agent.</i>)		
Do you have license plates for persons with disabilities? ☐ Yes - My license plate number is: _____ ☐ No			
See Note on Page 2  (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)			

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. ()

See Note on Page 2

(MD/DO/DPM 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)