



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. ()
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			
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)

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. ()

See Note on Page 2

(MD/DO/DPM Signature) _____ (Date) _____

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

PERMIT: Permanent Temporary **Parking Permit No.** _____ **Issuance Date:** _____
 First Second **Expiration Date:** _____
 Denied Revoked **Reason:** _____ (Date) _____
 (Issuing Agent) _____ (Locality) _____

NOTE: DO NOT SEND YOUR APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES. DMV does NOT issue parking permits.

- (a) A parking permit may be issued for either a permanent or temporary disability.
- (b) You **do not** have to be a driver, or the registered owner of a vehicle, to get a parking permit. Children who have a qualifying disability **are** eligible for permits at any age, as are persons who are legally blind. Permits are **issued in the name of the person with the disability**.
- (c) Fill out Part 1 of the application (MV-664.1). Have your physician or podiatrist complete Part 2 of the application and return it to you. **NOTE:** The need for medical certification may be waived by the issuing agent if you have an obvious, visually-identifiable disability (such as the loss of a leg) **OR** if you **already** have license plates for persons with severe disabilities. Fill out Part 1 of the application and attach a copy of your registration to your application. If you have custom plates for persons with severe disabilities, bring a photo of your plate showing the wheelchair symbol.
- (d) **NASSAU COUNTY** residents should call (516) 571- 3147 (the Nassau County Office of the Physically Challenged) to find out where to apply for a permit.

NEW YORK CITY residents must send the MV-664.1 application to the NYC Department of Transportation, 28-11 Queens Plaza North, 8th Floor, Long Island City, NY 11101-4008, or call (718) 433-3100. If you already have plates for persons with severe disabilities, complete Part 1 and attach a copy of your registration. If you have custom plates for persons with severe disabilities, attach a photo of your plate showing the ISA. Please note important information about "PARKING IN NEW YORK CITY" on page 2.

ALL OTHER NEW YORK STATE RESIDENTS - Call your local city, town or village hall to find out where the nearest permit issuing agent is located. **Most city, town or village clerks, and some police departments, issue permits.**

Take your completed application to the issuing agent in the area where you live.

- (e) Contact your local issuing agent if you need additional information:
 - although most agents accept the MV-664.1, some have their own application form.
 - not all agents issue permits for temporary disabilities.

Affidavit for Replacement of NYS Parking Permit for Persons with Severe Disabilities

Please return completed, notarized affidavit to:

Patricia Davis, Town Clerk
Town of Edwards
161 Main Street
Edwards, NY 11743

LOST/STOLEN PERMIT NO. _____
DATE REPORTED _____
rplc w/# _____

THIS AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY REQUEST FOR THE REPLACEMENT OF MY NEW YORK STATE PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES. ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO PENAL LAW §210.45 AND VEHICLE AND TRAFFIC LAW §1203-A(4) OF THE STATE OF NEW YORK AND WILL RESULT IN THE IMMEDIATE REVOCATION OF SAID PERMIT.

STATE OF NEW YORK)
COUNTY OF ST. LAWRENCE)

I, _____ RESIDING AT
(PRINT FULL NAME)

(PRINT CURRENT RESIDENCE ADDRESS)

BEING DULY SWORN, DEPOSE AND SAY THAT I SUBMITTED AN APPLICATION FOR A NEW YORK STATE PARKING PERMIT FOR PERSONS WITH DISABILITIES

MY DISABILITY IS (Please check one) ___ Permanent ___ Temporary

THE PERMIT MUST BE REPLACED DUE TO THE FOLLOWING CIRCUMSTANCES:

*Permit # _____ issued on _____ was never received in the mail
*Permit # _____ issued on _____ is presumed lost as of _____
*Permit # _____ issued on _____ was stolen on _____
Permit # _____ issued on _____ is worn out

***If said Permit is recovered at a later date, I shall return it to the Town Clerk's Office.**

Sworn to before me this _____
day of _____ 20____

(Signature of Applicant or Representative)

Notary Public

(Date signed)