

**HOW TO APPLY FOR A PARKING PERMIT OR LICENSE PLATES
FOR PERSONS WITH SEVERE DISABILITIES**

www.dmv.ny.gov

GENERAL INSTRUCTIONS

Please read pages 1 and 2 of this packet before completing the application on page 3. You are eligible for a special parking permit or license plates if you are a New York State resident who has one or more severe **disabilities** that impair your **mobility**. For a description of **qualifying disabilities** see Part 2 of the application on page 3 of this packet.

1) If you are applying for the parking permit:

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) Permits are **issued in the name of the person with the disability**. 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.
- (c) Fill out Part 1 of the application on page 3. If you have a **PERMANENT DISABILITY**, have a Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Doctor of Podiatric Medicine (for disabilities related to the foot) or Optometrist (for blindness) fill out the "permanent disability" Medical Certification section in Part 2 of the application form and return the form to you. If you have a **TEMPORARY DISABILITY** that requires the use of an assistive device, have a Medical Doctor or Doctor of Osteopathy fill out the "temporary disability" Medical Certification section in Part 2 of the application form and return the form to you.
NOTE: If you have a permanent disability, 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.
- (d) You must take your completed application to the **appointed 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, you must show it to the issuing agent in order to obtain a permit. The issuing agent will write the last three digits of the nine-digit number that appears on your license or non-driver ID card on your permit. Marking the permit with the last three digits aids law enforcement in identifying the actual permit holder and may help limit abuse. **NOTE: IF YOU DO NOT HAVE A DRIVER LICENSE OR NON-DRIVER ID ISSUED BY NYS DMV, YOU ARE NOT REQUIRED TO OBTAIN ONE IN ORDER TO GET A PERMIT.**

NEW YORK CITY RESIDENTS - Send the application (MV-664.1) 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 read important information about "PARKING IN NEW YORK CITY" on page 2.

NASSAU COUNTY RESIDENTS - Call (516) 227-7399 (the Nassau County Office of the Physically Challenged) to find out where to apply for a permit.

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.** Although most agents accept the MV-664.1, some have their own application form, and not all agents issue permits for temporary disabilities.

2) If you are applying for license plates:

- (a) Your disability **must** be permanent.
- (b) The vehicle on which the special plates will be used must be **registered to the person with the disability**, whether or not that person drives. You must be at least 16 years old to have a vehicle registered in your name.
- (c) Fill out Part 1 of the application on page 3. Have a Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Doctor of Podiatric Medicine (for disabilities related to the foot) or Optometrist (for blindness) fill out the "permanent disability" section in Part 2 of the application form and return the form to you. **NOTE: The need for a medical certification may be waived by the Motor Vehicles office if you are permanently disabled and have an obvious, visually-identifiable disability (such as the loss of a leg) OR if you have a permanent (blue) parking permit for the disabled.** Permit holders should bring the permit with them and, also, fill out Part 1 of the application and attach a copy of the permit application showing the medical certification or doctor's statement.
- (d) You can **obtain the plates at any Motor Vehicles office**. Bring the completed application with you.
 - If you are registering your vehicle for the first time, you must provide all of the items required for an original registration, including the proof of disability.
 - If you already have plates on your car, bring them with you to exchange them for plates for persons with severe disabilities. You will have to fill out a registration application (MV-82) and pay \$25.00 for the new plates that show the International Symbol of Access (ISA).
 - If this transaction is done at any time other than when renewing a vehicle registration, an additional \$3.75 transaction fee will be charged.
 - Personalized plates with up to six characters and the ISA are available from DMV's Custom Plates office. Call (518) 402-4838.

Please **TEAR** at the **PERF** and keep pages 1 & 2 for your information.



Department of Motor Vehicles

APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES, FOR PERSONS WITH SEVERE DISABILITIES

Please read pages 1 and 2 of this packet before you complete this application. If you apply for a parking permit, take the completed application to the issuing agent (local municipality) in the city, town or village where you live; **do not send your application to the Department of Motor Vehicles because DMV does not issue parking permits.**

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 want: <input type="checkbox"/> License Plates (Apply to DMV.) <input type="checkbox"/> A Parking Permit (Apply to your local issuing agent.)			
Do you have license plates for persons with disabilities?		NYC residents - Attach a copy of your driver license or non-driver ID. If you had a New York State permit, print the permit number here:			
<input type="checkbox"/> Yes - My license plate number is: _____		<input type="checkbox"/> No			

Read note on page 4 before you sign

X _____
 (Signature of Person with Disability or Signature of Parent or Guardian) — If signed by a parent or guardian, please write your relationship to the person with the disability after your signature. _____ (Date)

Part 2 MEDICAL CERTIFICATION

NOTE: PERMANENT DISABILITIES may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), a Doctor of Podiatric Medicine (DPM, for disabilities related to the foot) or Optometrist (OD, for blindness). **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.

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. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

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 BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.

MD/DO/DPM/NP/PA/OD Name	Professional License No.
MD/DO/DPM/NP/PA/OD Address	Telephone No.

Read note on page 4 before you sign

X _____
 (MD/DO/DPM/NP/PA/OD 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)

X _____
 (Issuing Agent) _____ (Locality)