

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



Take this completed application to the issuing agent in the area where you live. Also, if you have a NYS driver license or

an ID card issued		ng it with you when yo	u apply for the permit.			
Part 1 INFORMAT	FION ABOUT PERSON WITH DISABILITY —(Please print, and sign First M.I.				by the arrow.) Telephone No.	
Lastrano				( )		
Address: No. and Street	(25)	Apt. No.	City	State	Zip Code	
Date of Birth	☐ Male ☐ Female	I am applying for Li	cense Plates (Apply to DM	V.) Parking Permit (Apply to	o local issuing agent.)	
Do you have license	plates for persons w	ith disabilities?	Yes - My license plate n	umber is:	D No	
See Note on Page 2	2				9	
		ure of Parent or Guardian) the person with the disabili		(Date)		
Part 2 MEDICAL C	CERTIFICATION—7 odiatric Medicine (L	his section must be PM) . Please certify	completed only by a l whether the patient's o	Medical Doctor (MD), Doct disability is permanent or to	or of Osteopathy emporary.	
Check the box(es	s) that describe th	e disability, and fil	I in the diagnosis:			
the aid of an assisted device. (Temporary p	sting device, such a	s a brace, cane, crutch, periods of six months of	prosthetic device, another less.) Expected	o is temporarily unable to a r person, wheelchair, walker o I Recovery Date	or other assistive	
Diagnosis:	. de de a la mandad					
		?				
disabilities or co	onditions listed below	, which limit mobility	Ple	e or more of the PERMANE	that apply:	
(f. )				gs 🛘 Unable to walk 200 ft		
				c condition. (American Hear	t Assoc. standards)	
(7)			urological or orthopedic			
Restricted by spirometry, is	lung disease to such less than one liter, o	an extent that forced ( r the arterial oxygen to	respiratory) expiratory ension is less than sixty	volume for one second, whe mm/hg of room air at rest	n measured by	
imposes unus	ual hardship in the u	se of public transporta	ted above which constit tion and prevents the pe S FUNCTIONAL MO	utes an equal degree of disalurson from getting around wi	bility, and which thout great	
MD/DO/DPM Name				Professional License	No.	
MD/DO/DPM Address		) e .	e.	Telephone No.		
				( )		
See Note on Page 2	2	20		2		
<b>)</b>	(##D/D	O/DPM Signature)		(Date	<u>,,</u>	
	ANTO-STREET STREET STREET	70 000 000 000		(Date	,	
Part 3 FILE INFO						
	10-700			Date Expires		
☐ First ☐ Second	9-digit num	per from NYS Driver	License/ID Card			
☐ Denied ☐ Revo	oked Reason:			Water Control of the		
<b>&gt;</b>					(Date)	
CALL TOTAL LANGUAGE CONTROL OF THE PARTY OF	(Iss	uing Agent)		(Localit	у)	