



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



Part I INFORMATION ABOUT PERSON WITH DISABILITY -(Please print, and sign by the arrow.)

Form section for Part I containing fields for Last Name, First, MI, Telephone No., Address, Date of Birth, Gender, and Signature/Date.

Part 2 MEDICAL CERTIFICATION-This section must be completed only by a Medical Doctor (ND), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM). Please certf whether the patient's disability Is permanent or temporary.

Form section for Part 2 containing medical certification questions, checkboxes for temporary/permanent disability, and diagnosis fields.

Form section for Part 2 containing fields for MDA/O/DPM Name, Professional License No., MD/DO/DPM Address, and Telephone No.

Form section for Part 2 containing a signature line and date field for the medical professional.

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

Form section for Part 3 containing fields for Permit type (Permanent/Temporary), Issuance/Expiration Dates, Reason for denial/revocation, and Issuing Agent/Location.