

NEW YORK CITY DEPARTMENT OF TRANSPORTATION
 PARKING PERMITS FOR PEOPLE WITH DISABILITIES (PPPD)
 APPLICATION FOR A **CITY** DISABILITY PARKING PERMIT

Please attach a copy of your State Issued Drivers License or Non Drivers Identification card

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|--|--------------------------|------------|----------------------------------|------------|------------------------------|--|
| A. PERSONAL HISTORY OF APPLICANT (the person with the disability) | | | Drivers License # | | Non-Drivers ID # | |
| Last Name | | First Name | | M. Initial | Social Security # (optional) | |
| Home Address: Street & Apt. No. | | | | | | |
| City | State | Zip Code | Phone No. | | Work/Alternate No. | |
| Date of Birth | Sex (circle) M F | Height | Weight | Color Hair | Eye Color | |
| B. Do you currently have a NY State permit? (blue hang tag) | | | | | Yes___ No___ | |
| If no, and you are a New York City resident, would you like to apply for a State permit in addition to a City permit? | | | | | Yes___ No___ | |
| C. LICENSE PLATE(S) | | | | | | |
| You must submit a copy of <u>all</u> current registrations. Please be advised registration(s) you submit to our office will be checked with the Parking Violations Operations unit, any plate(s) with outstanding judgment(s) will not be printed on your permit. *If you list more than 3 plate #'s you will not be able to get any temporary plate changes. | | | | | | |
| 1. | 3. | 5. | 7. | 9. | | |
| 2. | 4. | 6. | 8. | 10. | | |
| D. DECLARATION | | | | | | |
| I declare, under penalties of the penal law § 210.45, that statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false. I understand that any information given here will be shared only with those involved in the permit process, to the extent permitted or required by law. | | | | | | |
| _____ DATE | | | _____ SIGNATURE OF APPLICANT* | | | |
| If you will require the services of an interpreter at your medical assessment, please specify here which language (including sign language) you will need: _____. | | | | | | |
| E. * If applicant is under 18 years old, or is unable to sign the application, please provide Name, and Telephone number of Parent, Guardian, Spouse or Contact. | | | | | | |
| Name _____ Telephone _____ Relationship _____ | | | | | | |

In addition to having your “personal” physician complete the application form, you must have your disability certified by a “City” physician designated by the New York City Department of Health (DOH).

Most applicants prefer to have their City assessment performed at Bellevue Hospital. Appointments are available five days a week and are scheduled promptly. We send all applications to Bellevue unless you tell us otherwise.

Assessments performed by DOH physicians in the Bronx, Brooklyn, Queens, and Staten Island, are done infrequently. As a result, it can take longer to receive a permit. However, for applicants who wish to be seen at a DOH clinic located outside of Manhattan, please check the box below to request a DOH appointment in your borough.

_____ I want to be seen at a DOH Clinic. I prefer to be seen in

Brooklyn_____, Bronx_____, Queens_____, Staten Island_____.

MEDICAL HISTORY PAGE

Applicant name: _____

F. MEDICAL HISTORY AND STATUS of _____

(YOUR PERSONAL PHYSICIAN MUST COMPLETE THIS SECTION):

State nature and duration of disability. Give all diagnoses and **fully describe the primary mobility impairment problem. (PLEASE WRITE CLEARLY)**

Etiology/Cause:

Date of last examination:

Is the disability permanent?

Yes No

In your opinion, does this person have a disability that *requires* him or her to use a private automobile for transportation?

Yes No

Please provide your patient with any necessary supporting medical documentation (e.g. X-Ray/CT/MRI Reports, EKG/Stress Test results, Surgical Summaries, etc.) for the applicant to take with him or her to the assessment appointment with the city designated certifying physician to substantiate his or her mobility impairment.

Personal Physician's Certification of the Applicant:

I affirm that I have personally examined the above named applicant and that the information presented in this application relating to this person's disability is accurate. By signing below you are certifying that the information you are providing is true and complete, any false statements or deliberate misinformation are punishable under section 210.45 as per the NYS Penal Law; including fines. In addition, any false statements on your behalf will be reported to the NYS Department of Health Office of Professional Medical Conduct.

SIGNATURE OF PHYSICIAN

NAME OF PHYSICIAN (PLEASE PRINT)

NYS PROFESSIONAL LICENSE #

DATE

ADDRESS

TELEPHONE NO.

NOTE TO THE PERSONAL PHYSICIAN:

This form is being submitted for application to obtain a City disability parking permit. The applicant will also be assessed by a certifying physician designated by the NYC Department of Health (DOH) for assessment and review of this application. It is important that you accurately and thoroughly complete the information above.

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APPLICATION FOR A CITY DISABILITY PARKING PERMIT

If you are **not** a resident of the City of New York, you must ask your employer or school to submit a letter on original company, organization, or school letterhead verifying that you are employed or attend school in New York City. The letter should be signed by an official of the company/organization/school and, if a school, should be embossed with the school seal.

| |
|-----------------------|
| Employer/School Name: |
| Address: |
| Telephone: |
| Official Name: |

NYC Department of Transportation
Parking Permits for People with Disabilities
28-11 Queens Plaza North, 8th Floor
Long Island City, NY 11101-4008

Note to all applicants:

1. You must send this completed application and required documents to PPPD, 28-11 Queens Plaza No, 8th Fl. Long Island City, NY 11101-4008
2. You must notify the Parking Permits for People with Disabilities (PPPD) Unit *in writing* of all changes of address.
3. Please call 718/433-3100 or TTY 212/504-4115 if you have any questions concerning your application.

[Click here](#) if you wish to obtain a voter registration form. Government services are not conditioned on being registered to vote. A voter registration form can also be obtained at <http://nyc.gov/html/misc/html/register.html>, or by calling (212) 868-3692.