



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 by NYS DMV, bring it with you when you apply for the permit.

Part 1 INFORMATION ABOUT PERSON WITH DISABILITY —(Please print, and sign by the arrow.)

Form section for personal information including Last Name, First, M.I., Telephone No., Address, Apt. No., City, State, Zip Code, Date of Birth, and gender options.

See Note on Page 2

Signature line for the person with disability or parent/guardian, including a date field.

Part 2 MEDICAL CERTIFICATION—This section must be completed only by a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM) or a Nurse Practitioner (NP). Please certify whether the patient's disability is permanent or temporary.

Medical certification section with checkboxes for Temporary Disability and Permanent Disability, and a list of conditions to check.

Form section for MD/DO/DPM/NP Name, Address, Professional License No., and Telephone No.

See Note on Page 2

Signature line for the Medical Doctor/Doctor of Osteopathy/Doctor of Podiatric Medicine/Nurse Practitioner, including a date field.

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

Form section for issuing agent information including Parking Permit No., Date Issued, Date Expires, and Issuing Agent details.

NOTE TO CUSTOMERS AND MEDICAL PROFESSIONALS

Making a false statement or providing false information on an application for a parking permit or license plates for persons with severe disabilities is a crime (a felony or a misdemeanor) under the Vehicle and Traffic Law and the Penal Law, and is punishable by a fine, imprisonment or both, and --regarding applications for parking permits--may also result in liability for payment of a civil penalty of \$250-\$1,000.

Customers Requesting License Plates, or a Parking Permit, for Persons with a Disability

By signing Part 1 of this application, you are certifying:

- that the information you provide on this application is true;
- that you have read and understand the “Conditions for Using License Plates and Parking Permits” stated on form MV-664.3; and
- that you agree to comply with those conditions.

Medical Professionals Providing Medical Information in Support of an Application for License Plates, or a Parking Permit, for Persons with a Disability

By signing Part 2 of this application, you are certifying:

- that the medical information you are providing is true and complete; and
- that, in your opinion, the person named in Part 1 of the application is medically qualified to receive license plates, or a parking permit, for persons with a disability, according to the medical criteria specified in Part 2.