



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 Part 1 containing fields for Last Name, Address, Date of Birth, Gender, and Signature.

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.

Form section for Part 2 containing medical certification checkboxes and diagnosis fields.

Form section for Part 2 containing fields for MD/DO/DPM/NP Name, Address, and Telephone No.

Form section for Part 2 containing fields for (MD/DO/DPM/NP Signature) and (Date).

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

Form section for Part 3 containing fields for Parking Permit No., Date Issued, Date Expires, and Issuing Agent/Locality.

NOTE TO CUSTOMERS AND MEDICAL PROFESSIONALS

It is important for you to know that making a false statement, or providing misinformation on an application to obtain or facilitate the receipt of a parking permit or license plates for persons with a disability is subject to **finances ranging from \$250 to \$1,000** under Section 1203-a(4) of the NYS Vehicle and Traffic Law and is punishable as a **misdemeanor** under Section 210.45 of the NYS Penal Law.

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.