

Disability parking permit application for Port Jefferson Village Residents

If you are a Village Resident and are looking to obtain a disability parking permit, please see the following.

1. Please fill out the following application and have it completed by your doctor.
2. Mail application along with a photocopy of driver's license to

Port Jefferson Village

Attn: Clerk's Office

121 West Broadway

Port Jefferson, NY 11777

Please
TEAR at the PERF
and keep pages 1 & 2
for your information.



Department of
Motor Vehicles

**APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES,
FOR PERSONS WITH SEVERE DISABILITIES**

Please read pages 1 and 2 of this packet before you complete this application. If you apply for a parking permit, take the completed application to the issuing agent (local municipality) in the city, town or village where you live; **do not send your application to the Department of Motor Vehicles because DMV does not issue parking permits.**

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

Last Name		First	M.I.	Telephone No. ()	
Address: No. and Street		Apt. No.	City	State	Zip Code
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	I want: <input type="checkbox"/> License Plates (Apply to DMV.) <input type="checkbox"/> A Parking Permit (Apply to your local issuing agent.)			
Do you have license plates for persons with disabilities?		NYC residents - Attach a copy of your driver license or non-driver ID. If you had a New York			
<input type="checkbox"/> Yes - My license plate number is: _____		<input type="checkbox"/> No		State permit, print the permit number here: _____	

Read note on page 4 before you sign



(Signature of Person with Disability or Signature of Parent or Guardian) — If signed by a parent or guardian,
please write your relationship to the person with the disability after your signature.

(Date)

Part 2 MEDICAL CERTIFICATION

NOTE: PERMANENT DISABILITIES may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), a Doctor of Podiatric Medicine (DPM, for disabilities related to the foot) or Optometrist (OD, for blindness). **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.

Check the box(es) that describe the disability, and fill in the diagnosis:

- ☐ **TEMPORARY DISABILITY:** A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

Expected Recovery Date: _____

Diagnosis: _____

What assistive device is needed? _____

- ☐ **PERMANENT DISABILITY:** A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

Diagnosis: _____ Please check the conditions that apply:

- ☐ Uses portable oxygen ☐ Legally blind ☐ Limited or no use of one or both legs ☐ Unable to walk 200 ft. without stopping
- ☐ Neuromuscular dysfunction that severely limits mobility ☐ Class III or IV cardiac condition. (American Heart Assoc. standards)
- ☐ Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition
- ☐ Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest
- ☐ Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.

MD/DO/DPM/NP/PA/OD Name

Professional License No.

MD/DO/DPM/NP/PA/OD Address

Telephone No.
()

Read note on page 4 before you sign



(MD/DO/DPM/NP/PA/OD Signature)

(Date)

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

- ☐ Blue ☐ Red **Parking Permit No.** _____ **Date Issued:** _____ **Date Expires:** _____
- ☐ First ☐ Second 9-digit number from NYS Driver License/ID Card _____
- ☐ Denied ☐ Revoked Reason: _____ (Date) _____



(Issuing Agent)

(Locality)