



Instructions and Application
New York City Special Vehicle Identification Parking Permit
Parking Permit for People with Disabilities (PPPD)

The following requirements must be met by a person with a disability to qualify for a City Parking Permit for People with Disabilities (PPPD):

- I. **You must provide us with a valid copy of your Driver's License or Non- Driver's Identification Card.**
- II. You must require the use of a private vehicle for transportation.
- III. You must have a severe, permanent disability that impairs mobility as certified by your personal physician and a New York City physician designated by the Department of Health and Mental Hygiene (DOHMH).
- IV. Please provide all pertinent information requested on the application form. Write your name on the application EXACTLY as it appears on your State-issued Driver's License or Non-Driver's Identification Card. **Please attach a copy of your Driver's License or Non-Driver's Identification Card.** Incomplete applications will be returned. **PRINT OR TYPE** all information except for signatures.
- V. If you are unable to sign, or the applicant is a minor, then a Parent, Spouse, Guardian, or Person with Power of Attorney may sign, stating the reason and the relationship to you.
- VI. Please attach a copy of the registration for each vehicle listed on the application. The registration must be current and valid. ***We will not accept any plate number(s) in judgment with the New York City Department of Finance Parking Violations Operations unit.***

NOTE: **One** permit with specified plates printed on it will be issued to the person with a disability who is certified by a physician designated by the NYC Department of Health and Mental Hygiene. This permit holder **must move the permit** to the vehicle in which he or she is being transported. It is a felony to duplicate, alter, reproduce or counterfeit the parking permit.

City Instructions 5-2015em

NYC Department of Transportation
Permits & Customer Service (PPPD Unit)

30-30 Thomson Avenue, 2nd Floor, LIC, New York 11101

T: 718 433-3100, TTY: 212 504-4115

nyc.gov/dot



- VII. When we receive your application, we will review it for completeness. An incomplete application will be returned to you with a letter requesting the missing information. Complete applications will be forwarded within 15-20 business days to the Department of Health and Mental Hygiene (DOHMH).
- VIII. A review of the application and documents will be performed by DOHMH and if needed, they will contact you for additional supporting medical documentation and/or they may schedule an in-person medical evaluation.

If you are required to provide additional medical documents to DOHMH it must be submitted to them within 30 days or your case will be closed.

If you are required to have an in-person medical evaluation by DOHMH and must cancel or re-schedule your appointment, you must call DOHMH no later than 48 hours before your appointment at (347) 396-6552.

- IX. If your application is approved by the designated DOHMH City physician, DOT will issue you one permit with specified plates printed on it. If your application is denied, DOT will send you a denial-of-certification letter, which shall include a description of the appeal process.

NOTE: All information submitted with this application and any subsequent medical information that you submit to the certifying physician will be kept confidential and will only be shared with those involved in the certification and/or permit process, to the extent permitted or required by law. If you have any questions regarding this application, you may call PPPD at the following telephone number for assistance; (718) 433-3100 Monday – Friday during business hours or TTY (212) 504-4115 (anytime).

New York residents may obtain a Voter Registration Form online at: VOTENYC or call Board of Elections: 212-868-3692 Phone Bank: 866-VOTE-NYC. Government services are not conditioned on being registered to vote.

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PLEASE NOTE:

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 and Mental Hygiene (DOHMH).

MEDICAL HISTORY PAGE

F. MEDICAL HISTORY AND STATUS of

Name

Date of Birth

(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)**

Explain how severely the condition affects the ability to walk:

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 [REPORTS ONLY, NO MEDICAL CD's or FILMS] (e.g., X-Ray/CT/MRI Reports, EKG/Stress Test results, Surgical Summaries, etc.) to submit with this application for review by the City designated certifying physician to substantiate the applicant's mobility impairment. A review of the application and supporting documentation will be performed, and if needed, an in-person assessment will be scheduled. If the in-person assessment is not deemed necessary, a determination based on review of the application and supporting documentation will be made by the City designated physician. It is important that you accurately and thoroughly complete the information on this page.

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 NUMBER

Check List: To ensure completion of your application. **Please read all instructions on the city application and the medical history page.**

All Applicants: If any information listed below is missing, your application will be mailed back to you:

- 1. Did you attach a copy of your (the applicant's) Driver's License or Non-Driver's Identification Card?
- 2. Did you attach a copy of all the vehicle registrations that would appear on the City permit if approved?
(Note: Leased cars - submit a copy of lease agreement, Company car – submit notarized affidavits from the applicant and the company on company letterhead stating vehicle is for your exclusive use)
- 3. If your address on the Driver's License and the address on the application are different, or if you changed your address, please include copies of two different utility bills as proof of residence (see below).
- 4. Did you print your (the applicant's) name on the medical form? (If applicable).
- 5. Did your doctor **completely** fill out (must be legible) your medical information? Attach all supporting medical documentation [**REPORTS ONLY, NO MEDICAL CD's or FILMS**] (e.g., X-Ray/CT/MRI Reports, EKG/Stress Test results, Surgical Summaries, etc.)
- 6. Did you **completely** fill out the new application or renewal form?

Current utility bills: Telephone/Cellular phone, Electric, Gas, Water, Cable, bank, credit card or mortgage statements.

If the applicant is a minor, parents can submit two of the above utility bills or a letter from the child's school that includes the home address.