APPLICANTS LAST NAME _____

PERMIT # ISSUED: _____

EXPIRATION DATE: _____

RENEWAL # _____

EXPIRATION DATE: _____

HANDICAPPED PARKING PERMIT APPLICATION
GENERAL INFORMATION
TO BE COMPLETED BY THE APPLICANT

City, Town or Village of _____

County of _____ New York State

Applicants Name _____
LAST FIRST MIDDLE

Address _____ Babylon _____ 11702
STREET CITY ZIP CODE

Date of Birth _____ Sex _____ Telephone# _____

I certify that the statements contained herein are true and that I have read and understand the conditions of this Application and the Handicapped Parking Permit, and I shall observe and comply with same. I understand the permit may be used *only when the vehicle is being used to transport the disabled person.* Any violation may be cause for permit to be revoked.

DATE: _____

_____
Signature of Applicant

_____
Signature of Parent or Guardian

MEDICAL CERTIFICATION
TO BE COMPLETED BY PHYSICIAN

Physician's Name _____ Professional license# _____

Physician's Address _____ Phone# _____

Please specify below the details of the severely disabling condition that qualifies the applicant for permit. Please explain why the applicant's condition is permanent.

_____

_____

_____

_____

(see next page for definitions of "severely handicapped")

If the applicant's condition is temporary, please indicate expected recovery date _____

Physician's Signature _____ Date _____

In certifying eligibility for such permit, the definition of a "severely disabled person" being utilized to determine eligibility for such a permit under Section 1203-A of the Vehicle and Traffic Law is provided below.

A "severely disabled person" shall mean any person who has any one or more of the following permanent impairments, disabilities or conditions:

a. limited or no use of one or both lower limbs;
b. neuro-muscular dysfunction which severely limits mobility;
c. a person whose physical or mental impairment or condition is other that hardships in utilization of public transportation and such condition is certified by a duly licensed physician: or
d. blindness

APPROVAL/DISAPPROVAL
TO BE COMPLETED BY ISSUING AGENT

Application Approved_____

Permanent Permit #_____ Expiration date_____

Permanent Second or replacement#_____ Expiration date_____

Temporary Permit #_____ Expiration date_____

Denied_____Reason for denial:_____

_____

_____

Date_____ _____
Issuing Agent's Signature

VILLAGE OF BABYLON
OFFICE OF THE VILLAGE CLERK
153 WEST MAIN STREET
BABYLON, NEW YORK 11702