

Driver's License must be submitted with application

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 than 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