



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS

50 IRISH LANE • EAST ISLIP, NEW YORK 11730-2098

Disabled Parking Division • (631) 224-5335

Disabled parking permits are issued to Town of Islip residents **ONLY**. Permanent parking permits are valid for four (4) years at which time you will be required to have an application recertified by a physician. Temporary parking permits are valid for a maximum of six (6) months and are issued to any resident who has a temporary disability and is **temporarily unable to walk without the help of an assistive device**.

Completed application and required documents can be mailed or brought in-person to our office.

All Disabled Parking Permits **MUST** be returned after expiration or if no longer in need of parking permit to the above address.

NO FAX, SCANNED OR PHOTOCOPY OF COMPLETED APPLICATION WILL BE ACCEPTED

APPLICANT/PHYSICIAN REQUIREMENTS

- Part I of the application is to be filled out and signed by the applicant. A Parent/Guardian shall sign the application for applicants under the age of 18 and must show ID.
- Part II of the application must be completed and signed by your physician, with the following information: Professional license number * Written diagnosis, no diagnosis codes
- Chiropractors (DC) are not considered “physicians” under the Vehicle and Traffic Law, Sec. 1203-A and are unable to certify the application.
- Physician Office Stamp, Voided Rx or letter on letterhead dated and signed by the same doctor that completed the application is required.

IDENTIFICATION

- Valid Driver’s License/DMV issued Non-Driver Photo ID
- ID for person picking up parking permit on behalf of applicant.

Please contact the office at (631) 224-5335 for additional information on accepted proof of identity.

PROOF OF RESIDENCY

- One piece of official mail dated within the last six (6) months is required with your application in addition to the identification requirements.
- NYS does not accept a PO Box as an acceptable proof of residency. Please submit two of the following pieces of official mail dated within the last six (6) months if your ID states a PO Box: car insurance, car registration, utility bill, bank statement, credit card statement or explanation of benefits from insurance company that includes your name and current physical address.

DAMAGED/LOST OR STOLEN PERMITS

- If your permit is Damaged, Lost or Stolen please contact our office immediately at (631) 224-5335 for further information.

Special Notice & Caution: New York State Traffic Law states that this permit be used exclusively in a vehicle in which the person to whom it has been issued is being transported, and such permit shall not be transferable and shall be forfeited, if presented by any other person. Any abuse by any person, facility or agency to whom such a permit has been issued, shall be sufficient cause for revocation of said permit of any privilege, benefit, precedence or consideration granted pursuant to the issuance of such permit.



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS
Disabled Parking Division • 50 Irish Lane • East Islip, New York 11730-2098 • (631) 224-5335

PART 1: TO BE COMPLETED BY APPLICANT OR PARENT/GUARDIAN IF MINOR

Name: _____ Date of Birth: ____/____/____ Sex: Male/Female

Home Address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell or Business Phone: _____

X _____ / ____/____
Signature of Person with Disability/Signature of Parent or Guardian **Date**
If signed by a parent or guardian, please state your relationship to the applicant with ID.

PART 2: TO BE COMPLETED BY AUTHORIZED MEDICAL PROFESSIONAL (DIAGNOSIS REQUIRED)

Disabilities must be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), A Doctor of Podiatric Medicine (DPM) for severe disabilities to the foot, or Optometrist (OD) for blindness

TEMPORARY DISABILITY: A person with a “temporary disability” is any person who is TEMPORARILY unable to ambulate without the aid of an assisting device at all times. Examples of an assisting device include, but are not limited to, a leg/knee brace, cane, crutch, prosthetic device, wheelchair or walker at all times.

IMPORTANT: Temporary permits are issued for six (6) months or less regardless of expected recovery date.

Name of Physician: _____ Physician License # _____

Diagnosis: _____ **(Do Not Abbreviate or Use Diagnosis Codes)**

Expected Recovery Date: ____/____/____ Use of Assistive device required for Parking Permit: _____

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.

Name of Physician: _____ Physician License # _____

Diagnosis: _____ **(Do Not Abbreviate or Use of Diagnosis Codes)**

Explain how Severe Disability limits mobility not distance: _____

Neuromuscular dysfunction that severely **limits mobility** Class III or IV cardiac condition (American Heart Assoc. Standards) **limits mobility**

Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition
(Does not include a general diagnosis of arthritis without detailed explanation of inability to walk without SEVERE difficulty at all times)

Limited or no use of one or both legs Legally Blind (certified by OD only) Use of portable oxygen

Severely 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 unable to walk 200 ft. without stopping

X _____ / ____/____
Original Signature ONLY – No faxed, scanned or signature stamps accepted **Date (must be dated within last 12 months)**

Picked up: _____ **REQUIRED PHYSICIAN OFFICE STAMP - WILL NOT ACCEPT WITHOUT** **Mailed:** _____

For office use only: New / Travel / Perm Renewal / Temp Renewal / Temp to Perm / Perm to Temp

Permit #: _____ Exp. Date: _____ Driver’s License #: _____ - _____ - _____ Exp. Date: ____/____/____

Prior #: _____ Returned: _____ Nondriver’s License # _____ - _____ - _____ Exp. Date: ____/____/____

Disabled Plate #: _____ Organization Plate # _____ Issuing Agent: _____ BAS: _____