

TEMPORARY AND PERMANENT PARKING PASS INSTRUCTIONS

1. Disabled Parking Permit Applications to be completed for **NEW** applicants as well as applicants looking to **RENEW** an expiring Permanent or Temporary parking permit.
2. Physician **MUST** complete the Medical Certification in its entirety, state if your disability is *permanent* or *temporary* and **doctor's office stamp or diagnosis on a prescription pad in addition to the physician's signature is required on the application. Diagnosis of pain not accepted a diagnosis needs affect the ability to ambulate. Please indicate a written diagnosis not diagnosis codes.**
3. Physician **MUST** provide original signature. **(Signature stamps or faxed copies not accepted.)**
4. **Temporary Parking Permits can ONLY be completed by a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) and MUST state what assistive device is needed.**
5. **Permanent Parking Permits can be completed by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP), for disabilities of the foot- Doctor of Podiatric Medicine (DPM), or for blindness-Optometrist (OD). Any/all providers listed must be authorized by NYSVTL, section 404-A. Medical certification cannot be given by a chiropractor, physical therapist, or nurse.**
6. **A copy of a valid NYS Driver's License/Non Driver's ID is required.** If the address is different or a P.O. Box, please provide official mail dated within the last six months, showing the current Town of Islip address (i.e. medical bill/explanation of benefits, PSEG, bank statement, credit card bill, car insurance or registration). If no valid NYS DL/Non DL, another photo ID is required along with current proof of address.
 - **For minor or applicant over the age of 18 (incapable of signing on own behalf), proof of residency is required for minor along with a copy of DL/Non DL and photo ID of the parent or guardian who has signed the application.**
 - **P.O. Boxes are not proof of address**
7. **Expired Parking Permits MUST be returned.**
8. **Applications may be mailed to: 50 Irish Lane, East Islip NY 11730 Attn: Disabled Parking Permits**
9. **NO FAX OR PHOTO COPIES OF THE APPLICATION WILL BE ACCEPTED. ORIGINAL SIGNATURES ONLY.**

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

50 IRISH LANE, EAST ISLIP, NY 11730 PHONE (631) 224-5335

Angie M. Carpenter, Supervisor

Thomas Owens, Commissioner

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

Home Address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell or Business Phone: _____

I certify that the above information and the statements contained herein are true. I further acknowledge that I have read and understood the conditions of the application and the disabled parking permit.

X _____
Signature of Person with Disability/Signature of Parent or Guardian (Blue Ink if possible) _____ Date _____

If signed by a parent or guardian, please state your relationship to the person with the disability after your signature.

MEDICAL CERTIFICATION

Name of Physician: _____ Physician License # _____

Diagnosis: _____ (Abbreviations or Use of Diagnosis codes not accepted)

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 leg/knee brace, cane, crutch, prosthetic device, wheelchair or walker at all times.

TEMPORARY DISABILITIES may only be certified by a Medical Doctor or Doctor of Osteopathic Medicine.

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

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

Name of Physician: _____ Physician License # _____

Diagnosis: _____ (Abbreviations or Use of Diagnosis codes not accepted)

Explain how Severe Disability limits mobility not distance: _____

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

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
(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 _____
Signature (Blue Ink & No signature stamps - Original Signature ONLY- No faxed copies) _____ Date _____

PLACE REQUIRED DOCTOR'S OFFICE STAMP HERE

WILL NOT ACCEPT WITHOUT

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

Permit #: _____ Exp. Date: _____ Driver's License#: _____ Exp. Date: _____

Prior #: _____ Returned: _____ Plate #: _____ BAS: _____