



**Instructions and Application**  
**New York City Special Parking Identification Permit**  
**(a.k.a. City Disability Parking Permit)**  
**Parking Permits for People with Disabilities (PPPD)**  
**[Disabilities that Severely Impair Ability to Walk]**

Greetings,

In order to better serve our applicants, the New York City Department of Transportation's (DOT) Parking Permits for People with Disabilities (PPPD) Unit has put together a list of frequently asked questions that may help guide new applicants through the application process.

***How do I know if I am eligible for a PPPD permit?***

If you are a resident or non-resident of the City and have a permanent disability that seriously impairs mobility (YOUR ABILITY TO WALK) and requires the use of a private vehicle for transportation, you may be eligible. *Please note that commercial vehicle plates, dealer plates or plates for a rental vehicle cannot be listed on a PPPD permit.*

***What documentation must I provide for a PPPD permit?***

Applicants are required to provide the following documents:

- A state-issued driver license, non-driver identification card, or an NYC Municipal ID (IDNYC). Please ensure that the name and address on your application matches the address on your identification card.
- A signed application and attached additional **supporting medical documentation (dated within one (1) calendar year of your application)** of your **disability that severely impairs or limits your ability to walk** from a Medical Doctor (M.D.), or Doctor of Osteopathy (D.O.). Please see the Medical History Page and the Medical Documentation page on the types of acceptable medical documentation of your **disability that severely impairs or limits your ability to walk** to submit with your application. You can also contact the medical certification unit directly at 347- 396-6552 for any questions about the required medical documentation.

***What type of vehicle information is required?***

Applicants are required to provide a copy of current and valid passenger vehicle registration(s) for each license plate that will be listed with the permit (maximum of three plates). Please do not send photos of a vehicle's windshield sticker. DOT will not accept any license plate number(s) that have an outstanding parking violation judgment with the New York City Department of Finance (DOF). For more information about outstanding parking violation judgments, please visit the DOF website at [nyc.gov/DOF](http://nyc.gov/DOF). *Please note if you plan to list a leased vehicle, you must enclose a copy of the lease agreement for that vehicle.*

***How should I submit my application?***

- Review and sign the application;
- Enclose all information requested on the application form including supporting medical documentation that records your **severe impaired or limited ability to walk** and
- Mail your form to:

**NYC Department of Transportation**  
**Permits & Customer Service (PPPD Unit)**  
30-30 Thomson Avenue – 2<sup>nd</sup> Floor  
Long Island City, NY 11101-3045

You may also drop off your application at the above address. The DOT entrance is on 30th Place, near 47th Avenue. The customer service window hours are from 9:00 AM to 4:30 PM.

*Please note: An application may also be submitted on behalf of an applicant by a spouse, domestic partner as defined in the New York City Administrative Code 1-112(21), parent, guardian, or other individual having legal responsibility for the administration of such person's day to day affairs. Please enter designee information in Section D of the applicant's personal history page. Please note the name on the application is required to appear exactly the same as it appears on the identification document. Incomplete applications will be returned.*

**What will happen after my application is received?**

- The PPPD Unit will review all documentation to make sure your application is complete. If the application is considered incomplete, they will return the information with a letter describing the missing information needed.
- The PPPD office will submit your completed application to DOHMH's Medical Certification Unit for review. A NYC designated physician will review this application and the supporting medical documents that records your **severe impaired or limited ability to walk** based on the information you provided that supports a severe impaired mobility as defined in Section 16-02 of Title 24 of the Rules of the City of New York. If the supporting medical documents meet the criteria, DOHMH will certify your supporting medical documents and PPPD will issue you a permit.
- If the medical documents reviewed do not meet the criteria DOHMH cannot certify and PPPD will mail you a letter with an explanation of the appeal process.
- Please note that the entire application process could take up to ninety (90) days.

All information submitted with this application, and any subsequent medical documentation that the applicant submits to DOHMH, 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 Customer Service at: (718) 433-3100, for TTY call (212) 504-4115.

If you have any questions about the supporting medical documents please contact the medical certification unit at (347) 396-6552.

We appreciate the opportunity to serve you and thank you for your cooperation.

*New York residents may obtain a Voter Registration Form online at: [vote.nyc.ny.us](http://vote.nyc.ny.us) or call the Board of Elections: (212) 868- 3692 Phone Bank: (866) VOTE-NYC. Government services are not conditioned on being registered to vote.*



New York City Department of Transportation  
**NEW YORK CITY SPECIAL PARKING IDENTIFICATION PERMIT**  
 PARKING PERMITS FOR PEOPLE WITH DISABILITIES (PPPD)  
 Application for a **CITY** Disability Parking Permit

**IDENTIFICATION DOCUMENT:** Please attach a copy of your State Issued Driver License or Non-Driver Identification Card; or NYC Municipal ID (IDNYC)

A. APPLICANT'S* PERSONAL HISTORY		IDENTIFICATION DOCUMENT #		CIRCLE ONE, indicate State if necessary: Driver License State _____ Non-driver ID State _____ IDNYC	
*the person with the disability		_____			
Last Name		First Name		M. Initial	
				Social Security No. (Only the Last 4 Digits Required)	
Home Address: Street & Apt. No.			Sex (circle): M      F		Height (in feet & inches):
					Weight (in lbs.):
City	State	Zip Code	Home No.	Mobile No.	
Date of Birth		Email Address:			
<b>B. LICENSE PLATE(S):</b> You must submit a current copy of the passenger vehicle registration(s) for each license plate number(s) listed. Please be advised passenger vehicle registration(s) you submit will be checked for New York City parking violations, any plate(s) with outstanding parking violation judgment(s) will not be printed on your permit. Only three (3) license plates are allowed on each permit.					
1.		2.		3.	
<b>C. DECLARATION</b> I declare, under the penalties of the New York Penal Law § 210.45, that statements contained herein are, to the best of my knowledge and belief, true and correct, and that I have not knowingly and willfully made a false statement or given information which I know to be false. I understand that any information given here will be shared only with those involved in the permit process, to the extent permitted or required by law.					
DATE		SIGNATURE OF APPLICANT*(only)			
<b>NOTE:</b> If your identification document indicates "Unable to Sign", please leave the above "Applicant Signature" field blank and please have your designee fill in Section D below. If you will require the services of an interpreter, please specify in which language: _____					
<b>D. DESIGNEE – If any of the statements below apply, the designee must sign.</b> <b>If applicant is under 18 years old, please provide the name and telephone number of the parent, guardian, or other individual having legal responsibility for the administration of applicant's day to day affairs.</b>  <b>If the applicant is 18 years old or older and is unable to sign the application and/or requires assistance in filling out this application, please provide the telephone number of the spouse, domestic partner, guardian, or other individual assisting and/or having legal responsibility for the administration of applicant's day to day affairs.</b>					
Name		Telephone		Relationship	
_____		_____		_____	
Signature of Designee					

# MEDICAL HISTORY PAGE

## [Disabilities that Severely Impair Ability to Walk]

**NOTE: TO BE COMPLETED BY YOUR PERSONAL PHYSICIAN (M.D. or D.O.)**

**MEDICAL HISTORY AND STATUS for:**

**Name of Applicant** (as listed on the State-issued Driver License or Non-Driver ID Card; or IDNYC):

*Name of Applicant as it appears on Medical Records (if different):*

**Applicant's Date of Birth** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant**

A NYC designated physician will review this application and the supporting medical documents based on the information you provide that supports a severe impaired mobility as defined in Section 16-02 of Title 24 of the Rules of the City of New York.

**State current medical diagnosis:** \_\_\_\_\_

**AND impact on patient's ABILITY TO WALK:** \_\_\_\_\_

**State current NEED FOR ASSISTIVE DEVICE (if any):**     Cane     Walker     Wheelchair     Brace  
 Prosthesis     Scooter     Other \_\_\_\_\_

**Provide supporting medical documents such as the most recent exam notes/chart notes dated within one (1) calendar year that describes your patient's severe impaired or limited ability to walk and as indicated any diagnostic reports (e.g. X-Ray report, CT reports, MRI reports, EKG/Stress Test reports, PFT reports, EMG results, Six Minute Walk Test) to submit with this application. NO MEDICAL CDs or FILMS will be accepted.**

Date of last examination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **ATTACH EXAM NOTE**

In your medical opinion, does this person have a **disability that severely impairs their ability to walk** and *requires* the use of a private automobile for transportation?

Yes     No

### **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 walking disability is accurate.**

**By signing below you are certifying that the information you are providing is true and complete, any false written statements may be punishable under section 210.45 of the NYS Penal Law. In addition, any of your written false statements may be reported to the NYS Department of Health Office of Professional Medical Conduct.**

\_\_\_\_\_  
SIGNATURE OF M.D or D.O.

\_\_\_\_\_  
(PRINT NAME OF M.D or D.O.)

\_\_\_\_\_  
PROFESSIONAL LICENSE #,  
STATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER



## Medical Documentation to include with your New York City Special Parking Identification Permit (a.k.a. Parking Permit for People with Disabilities Application)

### **Please request from your Medical Doctor or Doctor of Osteopathy:**

- 1. Supporting medical documentation dated within one (1) calendar year of your application. This documentation must include diagnostic testing/reports in addition to the doctor's legible exam notes. Submitting a doctor's letter stating that you have a disability, without the documentation, will not be accepted.**
- 2. Your physician(s) exam notes must document the severity of impairment to your mobility. (Ability to walk).**

### **Below are examples of supporting medical documents based on medical conditions:**

Cardiovascular: Exam notes, EKG, Echocardiogram, Stress Test (report only), Doppler, and Angiography. Please state exertional capacity.

Pulmonary: Exam notes, PFT's CXR CT Scan, report need for supplemental oxygen greater than 12 hours a day.

Back pain/Arthritis: Rheumatology Orthopedic, Neurology exam notes, MRI, X-Ray, EMG **reports**, summary of surgical history, **need for assistive device (cane, walker, brace, wheel chair, etc.)**.

Cancer Diagnosis: Oncology Notes – current status, ongoing therapy – Chemo, radiation etc. surgical history.

Chronic renal failure: Dialysis, transplant status, recent lab data, **documentation of ongoing treatment from dialysis unit**.

Congenital conditions (Cerebral Palsy, Downs, etc.): Physical exam notes, Orthopedics, Neurology, or appropriate specialty.

Mental Health Conditions: Psychological evaluation, Exam notes, Individual Education Program (IEP) reports, and/or Neurology exam.

Neurological Conditions (Stroke, Neuropathy, Paralysis and Dementia): Most recent exam notes, MRI EMG, **need for assistive device/home care**.

*If you have any additional questions about the required medical documents to include with your application, please call the NYC Department of Health and Mental Hygiene's Medical Certification Unit at: (347) 396-6552.*



## CHECKLIST for a **CITY** Disability Parking Permit

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 identification document (a state-issued Driver License, Non-Driver Identification Card; or, NYC Municipal ID card a.k.a IDNYC)? [*See **What documentation must I provide for a PPPD permit?** on Page 1, Instructions*]
2. Did you attach a copy of your passenger vehicle registration(s) for each license plate that would appear on the City permit? Are they all current (i.e. not expired)? [*See **What type of vehicle information is required?** on Page 1, Instructions*]
3. Are all of your passenger vehicle registration(s) current (i.e., not expired)? [*See **What type of vehicle information is required?** on Page 1, Instructions*]
4. Did you check to make sure that the name and address on your application matches the address on your identification card?
5. Does the name on your supporting medical documentation match the name(s) listed on your Medical History Page? [*see **Medical History, Page 4***]
6. Did your doctor completely fill out the applicant's medical information, including signing and dating the medical history page? [*see **Medical History, Page 4***]
7. **Is all of your supporting medical documentation (e.g., Exam Notes/Chart Notes, X- Ray/CT/MRI Reports, EKG/Stress Test, consultant reports, etc.) attached? Are all documents dated within one (1) calendar year of your application?** [*see **DOHMH Medical Documentation Information, Page 5***]
8. Are all of your forms completely filled out? Did you sign and date the Application?