Department of Transportation

Instructions and Application
New York City Special Parking Identification Permit
NYC Parking Permit for People with Disabilities (NYC PPPD)

To better serve our applicants, the New York City Department of Transportation's (NYC 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 an NYC PPPD?
Anyone living in the United States may apply. To be eligible, you must:

- require the use of a private vehicle for transportation.
- have a permanent disability that seriously impairs mobility.

What documentation must I provide with an NYC PPPD application?
You are required to provide the following documents with a completed application:

- A state-issued driver license, non-driver ID card, or an NYC Municipal ID (IDNYC). Please ensure that the name and address on the application match the name and address on the identification document.

- A copy of the current passenger vehicle registration card for each license plate listed on the application. A photo of the registration sticker will NOT be accepted. ***Please note that commercial vehicle plates, dealer plates, and plates for rental vehicles cannot be listed on an NYC PPPD.***

- **Medical documentation** supporting your disability **(dated within one calendar year of the application)** from a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) and certified by a physician designated by the New York City Department of Health and Mental Hygiene (NYC Health Department). *Please note that a Doctor of Podiatric Medicine (D.P.M.) cannot certify the application or submit documentation. Additionally, please note the following:*

    - The medical documentation must include diagnostic testing/reports in addition to the physician's legible exam notes. Do not send compact discs (CDs) and X-rays.
    - Physician exam notes must document the severity of impairment to your mobility (ability to walk).
    - "To Whom It May Concern" or "Dear Doctor" letters are not accepted without accompanying exam notes and supporting documentation.

    For questions regarding medical documentation requirements, please contact the NYC Health Department's Medical Certification Unit at 347-396-6552 prior to submitting your application.

What type of vehicle information is required?
Applicants are required to provide a copy of the current, valid passenger vehicle registration for each license plate that will be listed on the permit (maximum of three plates). **Please do not send photos of a vehicle's windshield sticker. NYC DOT will not accept any license plate number that has 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.

Please note, if you provide a license plate number for a leased vehicle, you must enclose a copy of the lease agreement for that vehicle.

How should I submit my application?

- Complete, sign, and date the application.
- Mail the application; supporting medical documentation; a copy of your driver's license, non-driver ID card, or IDNYC; and a copy of the current vehicle registration for each vehicle to:

New York City Department of Transportation
Permits and Customer Service
30-30 Thomson Avenue, 2nd Floor
Long Island City, NY 11101-3045

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. The name on the application is required to appear exactly 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 incomplete, it will be returned to you with a letter requesting the information that is needed.
- The PPPD Unit will submit your completed application to the NYC Health Department's Medical Certification Unit for review. An NYC Health Department designated physician will review the application and supporting medical documents. The decision will be based on the information you provide that supports a serious impairment of mobility, as defined in Section 16-02 of Title 24 of the Rules of the City of New York.
- If the NYC Health Department approves your application, the PPPD Unit will issue you a permit.
- If the NYC Health Department denies your application, the PPPD Unit will mail you a denial letter explaining how to appeal.
- The entire application process may take up to 90 business days.

How can I check the status of my NYC PPPD application?

You can track your application status online. Provide your email address, and the PPPD Unit will send you an email with your application number and a link to the NYC PPPD Application Status Tracker.

All information submitted with the application will be kept confidential. Additionally, any subsequent medical documentation submitted to the NYC Health Department will remain confidential. Information submitted will only be shared with those involved in the certification and/or permit process, to the extent allowed or required by law.

If you have any questions regarding this application, you may contact Customer Service at 718-433-3100. For Teletypewriter (TTY) phone service, call 212-504-4115.

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 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
Application for an NYC Parking Permit for People With Disabilities (NYC PPPD)

Please attach a copy of your State-issued Driver License or Non-Driver ID Card, or NYC Municipal ID (IDNYC)

A. APPLICANT'S* PERSONAL HISTORY ***The person with the disability**	**IDENTIFICATION DOCUMENT** (*Select One*): ☐ Driver License Number _____ State _____ ☐ Non-Driver ID Number _____ State _____ ☐ IDNYC Number _____

Last Name	First Name	Middle Initial	Last 4 Digits of SSN (*Required*)	
Home Address	Apt. Number	Sex (*Check*): ☐ M ☐ F	Height: _____ ft _____ in	Weight: _____ lbs
City	State	Zip Code	Home Telephone Number	Mobile Number
Date of Birth	Email Address (*Required for tracking status online*)			

B. LICENSE PLATE(S): You must submit a copy of the current passenger vehicle registration for each license plate number listed. Passenger vehicle registrations you submit will be checked for New York City parking violations. Any license plate with an outstanding parking violation judgment will not be printed on your permit. Only three license plates are allowed on the permit.

1.	2.	3.

C. DECLARATION

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)** _____

NOTE: If the applicant's state-issued ID states "Unable to Sign," or the applicant is a minor, please leave the above "Signature of Applicant" field blank. An individual responsible for administration of the applicant's day-to-day affairs must complete **Section D** below.

D. DESIGNEE

If the applicant is under 18 years of age, a parent, guardian, or other individual having legal responsibility for the administration of the applicant's day-to-day affairs must complete and sign below.

If the applicant is unable to sign the application, speak, or manage their own affairs, the spouse, domestic partner, guardian, or other individual having legal responsibility for the administration of the applicant's day-to-day affairs must complete and sign below.

NAME _____ TELEPHONE _____ RELATIONSHIP _____

SIGNATURE OF DESIGNEE _____

New York City Department of Transportation
Permits and Customer Service
30-30 Thomson Avenue, 2nd Floor
Long Island City, NY 11101-3045
718-433-3100, TTY 212-504-4115
nyc.gov/pppdinfo

MEDICAL HISTORY PAGE

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

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

_____

Applicant's Date of Birth_____-____-_____

An NYC Health Department-designated physician will review the application and supporting medical documents. The decision will be based on the information you provide that supports a serious impairment of mobility, as defined in Section 16-02 of Title 24 of the Rules of the City of New York. **Conditions or impairments (Select at least one):**

☐ **Complete monoplegia or paraplegia of lower extremities.**

☐ **Above ankle amputation of lower extremities**, at the discretion of the examining physician. Well-fitted below the knee prosthesis with normal ambulatory gait should not routinely be regarded as mobility impaired.

☐ **Arthritis of two major weight bearing joints of the lower extremities** with clearly substantial X-rays changes and/or MRI changes, such as loss of joint space, severe degenerative changes plus one or more of the following:

(1) Objective finding of sizable effusion of joint(s) detected by clinical examination
(2) Gross instability or valgus/varus deformities of joint(s) detected by clinical examination
(3) Ankylosis or contracture of major joint(s) to such a degree as to preclude stair climbing.

Joint replacement does not qualify by itself unless accompanied by one or more of the above criteria.

☐ **Severe atrophy of one or both lower extremities** (or discrepancy in leg lengths greater than three inches) which clearly and seriously impairs mobility.

☐ **Spinal column abnormalities of severe degree** with unequivocal motor involvement not amenable to bracing or surgery which would seriously and permanently impair mobility. X-ray evidence of arthritis of the spine with or without pain is insufficient reason for approval. CT scan, MRI and/or EMG results must be available for review prior to a decision.

☐ **Neurological conditions**, such as multiple sclerosis, myasthenia gravis, myopathies, Parkinsonism and Alzheimer's Disease, affecting both lower extremities that would seriously impair mobility. Objective documentation (i.e., MRI, EMG, nerve conduction studies, et al.) must be submitted, where appropriate, by the applicant.

☐ **Cardiovascular and peripheral vascular disease of severe degree** resulting in mobility impairment. Cardiovascular disease must meet **AHA** Class III or IV criteria; stress test, echocardiogram, Doppler, 6-minute walk test or other diagnostic studies must support evidence of significant pathology and/or disability.

☐ **Pulmonary disease with** documented evidence of severe obstructive or restrictive disease on pulmonary function testing. Evidence of use of supplemental oxygen for more than twelve hours per day may also be acceptable evidence of impairment.

☐ **Renal insufficiency requiring frequent renal dialysis** with significant objective finding of neural or hemic abnormalities.

☐ **Malignancies of any category that require chemotherapy and/or radiation therapy or other medical interventions which continuously and seriously impair mobility.**

☐ **Post-Polio syndrome** that on examination clearly and seriously impairs mobility.

☐ **AIDS related conditions**, including peripheral neuropathy, wasting syndrome, dementia, which clearly seriously impair mobility on physical examination.

☐ **Mental conditions** resulting in **intellectual disability** of a severe nature documented by appropriate psychological evaluation, Individualized Education Program (IEP) which permanently and seriously impair mobility.

☐ **Congenital diseases** of any type that clearly result in permanent serious mobility impairment, including cerebral palsy, spina bifida and Down syndrome.

☐ **Any other** permanent disability that in the specific circumstances, would seriously impair the mobility of the applicant, including but not limited to:

☐ Legally blind or severely visual impaired per NY State definition.

☐ Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes an unusual hardship with ambulation and prevents the person from getting around without great difficulty. (please describe)

Name of Applicant:_____

(Must complete) State current medical diagnosis:_____

_____

Mobility Impairments (select at least one):

☐ Limited ability to walk without assistance. Select all that apply. ☐ Cane ☐ Walker ☐ Wheelchair ☐ Brace
☐ Prosthesis ☐ Scooter ☐ Crutches ☐ Other_____
☐ Significant difficulty walking due to severe lung disease.
☐ Unable to walk 200 feet without stopping.
☐ Severe cardiac condition requiring short distances due to inadequate functioning.
Other please describe:_____

REQUIRED Supporting Medical Documents to include/attach with your application:

☐ Your most recent exam notes/chart notes dated within one (1) calendar year of this application.

Date of last examination------/------/-------- Attach exam note.

"To Whom It May Concern" or "Dear Doctor" letters without accompanying exam notes and supporting documentation are NOT sufficient to certify a patient's inability to walk and will be denied or returned to the applicant.

☐ Diagnostic testing and imaging reports (e.g. X- Ray report, CT reports, MRI reports, EKG/Stress Test reports, PFT reports, EMG results, Six Minute Walk Test).

DO NOT SEND MEDICAL CDs or FILMS as they will NOT be accepted.

Date(s) of Diagnostic Testing Reports ------/------/-------- Attach the reports.

For questions regarding medical documentation requirements please call the NYC Department of Health and Mental Hygiene's Medical Certification Unit at: 347-396-6552 prior to submitting your application.

In your opinion, does this person have a disability that *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 disability is accurate.

By signing below, I am certifying that the information I am providing is true and complete, and I understand that any false written statements may be punishable under section 210.45 of the NYS Penal Law and may also 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

New York City Department of Transportation
Permits and Customer Service
30-30 Thomson Avenue, 2nd Floor
Long Island City, NY 11101-3045
718-433-3100, TTY 212-504-4115
nyc.gov/pppdinfo

New York City Department of Transportation
NEW YORK CITY SPECIAL PARKING IDENTIFICATION PERMIT
PARKING PERMITS FOR PEOPLE WITH DISABILITIES (PPPD)

CHECKLIST for an **NYC PPPD**

To ensure completion of your application, *please read all instructions on the NYC PPPD application and Medical History Page.*

If all requirements below are not met, your application will be mailed back to you.

- ☐ Did you attach a copy of your identification document (state-issued Driver License or Non-Driver ID Card, or NYC Municipal ID (IDNYC))?
  [*See* **Instructions - What documentation must I provide with an NYC PPPD application?**]

- ☐ Did you attach a copy of the passenger vehicle registration for each license plate that will appear on the NYC PPPD? Are they all current (unexpired)?
  [*See* **Instructions - What type of vehicle information is required?**]

- ☐ Did you make sure the name and address on your application match the name and address on your identification document?

- ☐ Does the name on your supporting medical documentation match the name listed on the Medical History Page? [*See* **Medical History Page**]

- ☐ Did your physician fill out the medical information section completely, including signing and dating the Medical History Page? [*See* **Medical History Page**]

- ☐ **Is all 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 calendar year of your application?**

- ☐ Is your application filled out completely? Did you provide the last four digits of your social security number? Did you sign and date the application?

New York City Department of Transportation
Permits and Customer Service
30-30 Thomson Avenue, 2nd Floor
Long Island City, NY 11101-3045
718-433-3100, TTY 212-504-4115
nyc.gov/pppdinfo