



New York State Department of Motor Vehicles
**HOW TO APPLY FOR LICENSE PLATES OR PARKING PERMITS
FOR PERSONS WITH SEVERE DISABILITIES**



GENERAL INSTRUCTIONS

You are eligible for license plates or a parking permit for the disabled if you are a New York State resident who has one or more severe **disabilities** that impair your **mobility**. See Part 2 of the MV-664.1 for a description of **qualifying disabilities**.

1) If you are applying for license plates:

- (a) Your disability **must** be permanent.
- (b) The vehicle on which the special plates will be used must be **registered to the person with the disability**, whether or not that person drives. You must be 16 years old to have a vehicle registered in your name.
- (c) Fill out Part 1 of the MV-664.1 application. Have your physician or podiatrist complete Part 2 of that application and return it to you. **NOTE:** The need for a medical certification may be waived by the Motor Vehicles office if you are permanently disabled and if you have an obvious, visually-identifiable disability (such as the loss of a leg **OR** if you received a parking permit for the disabled within the past year). Fill out Part 1 of the application and attach a copy of your permit application showing the medical certification, or doctor's statement, and bring your permit with you.
- (d) You can **obtain the plates at any Motor Vehicles office**. Bring the completed application with you.
 - If you are registering your vehicle for the first time, you must provide all of the items required for an original registration, including the proof of disability.
 - If you already have plates on your car, bring them with you to exchange for the disabled plates. You will have to fill out a registration application (MV-82) and pay a fee for the new plates that show the International Symbol of Access (ISA). If this transaction is done at any time other than when you renew the vehicle registration, a \$3.00 transaction fee will be charged.
 - Also available from our Custom Plates office are:
 - ◆ Motorcycle plates with the ISA: Send the MV-664.1 application (or a doctor's statement), a copy of your current motorcycle registration, and a check for \$7.75 payable to the Commissioner of Motor Vehicles, to the address below.
 - ◆ Personalized plates with up to six characters and the ISA for an additional charge. Please write to the DMV Custom Plates Office, 6 Empire State Plaza, Albany NY 12228 or call (518) 474-6660.

2) If you are applying for the parking permit:

NOTE: DO NOT SEND YOUR APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES. DMV does NOT issue parking permits.

- (a) A permit may be issued for either a permanent or temporary disability.
- (b) You **do not** have to be a driver, or the registered owner of a vehicle, to get a parking permit. Children who have a qualifying disability **are** eligible for permits at any age, as are persons who are legally blind. Permits are **issued in the name of the person with the disability**.
- (c) Fill out Part 1 of the application (MV-664.1). Have your physician or podiatrist complete Part 2 of the application and return it to you. **NOTE:** The need for medical certification may be waived by the issuing agent if you have an obvious, visually-identifiable disability (such as the loss of a leg) **OR** if you **already** have license plates for disabled parking. Fill out Part 1 of the application and attach a copy of your registration to your application. If you have custom disabled plates, bring a picture of your plate showing the wheelchair symbol.
- (d) **NASSAU COUNTY** residents should call (516) 571- 3147 (the Nassau County Office of the Physically Challenged) to find out where to apply for a permit.
NEW YORK CITY residents must send the MV-664.1 application to the NYC Department of Transportation, 28-11 Queens Plaza North, 7th Floor, Long Island City, NY 11101-4008, or call (718) 433-3100. If you already have disabled plates, complete Part 1 and attach a copy of your registration. If you have custom disabled plates, attach a picture of your plate showing the ISA. Please note important information about "PARKING IN NEW YORK CITY" on page 2.

ALL OTHER NEW YORK STATE RESIDENTS - Call your local city, town or village hall to find out where the nearest permit issuing agent is located. **Most city, town or village clerks, and some police departments, issue permits.**

Take your completed application to the issuing agent in the area where you live.

- (e) Contact your local issuing agent if you need additional information:
 - although most agents accept the MV-664.1, some have their own application form.
 - not all agents issue permits for temporary disabilities.



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Part 1 INFORMATION ABOUT PERSON WITH DISABILITY —(Please print, and sign by the arrow.)

Last Name	First	M.I.	Telephone No. ()
Address: No. and Street		Apt. No.	City State Zip Code
Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	I am applying for: <input type="checkbox"/> License Plates <input type="checkbox"/> Parking Permit	
I <input type="checkbox"/> have <input type="checkbox"/> do not have license plates for persons with disabilities. If "Yes", my license plate number is: _____			
 (Signature of Person with Disability or Signature of Parent or Guardian) — If signed by parent or guardian, please state your relationship to the person with the disability after your signature.			(Date)

Part 2 MEDICAL CERTIFICATION—This section must be completed only by a Medical Doctor (MD), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM) . Please certify whether the patient's disability is permanent or temporary.

Check the box(es) that describe the disability, and fill in the diagnosis:

TEMPORARY DISABILITY: A person with a temporary disability is any person who is temporarily **unable to ambulate without the aid of an assisting device**, such as a brace, cane, crutch, prosthetic device, another person, wheelchair, walker or other assistive device. (Temporary permits are issued for periods of six months or less.) **Expected Recovery Date** _____ / _____ / _____

Diagnosis: _____

What assistive device is needed? _____

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.

Diagnosis: _____ Please **check the conditions that apply:**

Uses portable oxygen Legally blind Limited or no use of one or both legs Unable to walk 200 ft. without stopping

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

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

Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty. **Explain** how this disability limits functional mobility.

MD/DO/DPM Name	Professional License No.
MD/DO/DPM Address	Telephone No. ()

(MD/DO/DPM Signature) _____ (Date) _____

Part 3 FILE INFORMATION (For Issuing Agent Use Only):

PERMIT: Permanent Temporary **Parking Permit No.** _____ Issuance Date: _____

First Second Expiration Date: _____

Denied Revoked Reason: _____ (Date) _____

(Issuing Agent) _____ (Locality) _____