MV-664.1 (3/02)



New York State Department of Motor Vehicles APPLICATION FOR LICENSE PLATES OR PARKING PERMITS FOR PERSONS WITH SEVERE DISABILITIES



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

Last Name		First	· · ·	MI I	Telephone No.	
zuot itumo					()	
Address: No, and Street		Apt. No.	City		State	Zip Code
Date of Birth						
Ma	le Female	I am applying for 0 Lic	ense Plates (Apply to	<i>DMV.)</i> [3 Pa	arking Permit (Appl	y to local issuing agent.)
Do you have license plates f	or persons v	vith disabilities? 13 Y	Yes - My license plat	te number is:		11 No
See Note on Page 2						
<u> </u>			ı			
(Signature of Person with Disa guardian, please state your				or	(Da	ate)
Part 2 MEDICAL CERTIFICATION-This section must be completed only by a Medical Doctor (ND), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM). Please cerft whether the patient's disability is permanent or temporary.						
Check the box(es) that d ☐ TEMPORARY DISABI the aid of an assisting dev device. (Femporary perm	LITY. A per vice, such as	rson with a temporary a brace, cane, crutch,	disability is any per prosthetic device, and	rson who is to nother person		lker or other assistive
Diagnosis:						
What assistive device is needed?						
PERMANENT DISABILITY. A "severely disable(f'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:						
13 Uses portable oxygen 🗖 Legally blind 13 Limited or no use of one or both legs <u>0</u> Unable to walk 200 ft. without stopping						
13 Neuromuscular dysfunction that severely limits mobility 0 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 nim/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 the use of public transportation and prevents the person from getting around without great difficulty. EXPLAIN HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.						
MDA)O/DPM Name					Professional Lice	nse No.
MD/DO/DPM Address					Telephone No.	
					()	
See Note on Page 2						
	(MOI	DOIDPM Signatum)			(Date)
Part 3 FILE INFORMATION	N -(Forlssu	ing Agent Use Only):				
PERNIIT: 11 Perma	mporary Parking F	Permit No		Issuance Date:		
☐First 11 Second					Expiration Date:	
13 Denied 0 Revoked R	eason:					
						(Date)
*	(le	suiiig AgerA)		_	/1 o	cality)
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