



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS

50 IRISH LANE • EAST ISLIP, NEW YORK 11730-2098

Disabled Parking Division • (631) 224-5335

PARKING PERMIT FOR PERSONS WITH DISABILITIES APPLICATION PROCEDURE

If you are a resident of the Town of Islip who qualifies as a severely disabled person, you can obtain an application for a parking permit for persons with disabilities from the Disabled Parking Permit Issuance Office at 50 Irish Lane, East Islip. Persons living within the incorporated village of Islandia must obtain the application and their permit at their village hall. Parking permits issued to individuals with a permanent disability are valid for four (4) years.

Temporary Parking Permits are valid for a maximum of six (6) months and are issued to any resident who is certified by a physician as being **temporarily unable to walk without the help of an assistive device**.

NO FAX COPIES OR PHOTOCOPIES OF COMPLETED APPLICATION WILL BE ACCEPTED

IDENTIFICATION REQUIREMENTS

Applications for New, Renewal and Lost/Stolen Permits must be submitted with copies of one of the following:

- Valid Driver's License • Valid DMV issued Non-Driver Photo ID (NDID). If you do not have a valid Driver's License or Non-Driver's ID, please contact the office at (631) 224-5335 for additional information on accepted proof of identity. If parking permit is being picked up by someone other than the applicant ID is required.

PROOF OF RESIDENCY REQUIREMENTS

Two proofs of residency are required with your application in addition to the identification requirements. NYS does not accept a PO Box as an acceptable proof of residency. Please submit two of the following pieces of official mail dated within the last six (6) months: car insurance, car registration, utility bill, bank statement, credit card statement or explanation of benefits from insurance company that includes your name and current physical address.

NEW PERMITS

Part I of the application is to be filled out and signed by the applicant. A Parent/Guardian shall sign the application for applicants under the age of 18 along with ID. Part II of the application must be completed (including written diagnosis not diagnosis codes and professional license number) and signed by your physician. Chiropractors (DC) are not considered "physicians" under the Vehicle and Traffic Law, Sec. 1203-A and are unable to certify the application. You should return the application in person or by mail to the address listed on the top of the application. ****Both ID and additional 2 proofs of residency required for applicant.**

RENEWAL PERMITS

If renewing a permit, the **EXPIRED PERMIT MUST BE RETURNED**. Part I and Part II of the application must be completed for all permit renewals. If your permit was issued from another municipality, you must file an application as a new resident. You should return the application in person or by mail to the address listed on the top of the application. ****Both ID and additional 2 proofs of residency required for applicant.**

LOST OR STOLEN PERMITS

If your permit was lost or stolen, please contact the office immediately to obtain the necessary paperwork. You will need to have a signed sworn affidavit notarized along with the NYS form completed by your local police precinct.

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.

If you need additional assistance, please call (631) 224-5335 or visit www.islipny.gov



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PART 1: TO BE COMPLETED BY APPLICANT OR PARENT/GUARDIAN IF MINOR

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

Home Address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell or Business Phone: _____

X _____
 Signature of Person with Disability/Signature of Parent or Guardian _____ Date _____

If signed by a parent or guardian, please state your relationship to the applicant with ID.

PART 2: TO BE COMPLETED BY AUTHORIZED MEDICAL PROFESSIONAL (DIAGNOSIS REQUIRED)

Disabilities must be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), A Doctor of Podiatric Medicine (DPM) for severe disabilities to the foot, or Optometrist (OD) for blindness

TEMPORARY DISABILITY: A person with a “temporary disability” is any person who is TEMPORARILY unable to ambulate without the aid of an assisting device at all times. 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.

IMPORTANT: Temporary permits are issued for six (6) months or less regardless of expected recovery date.

Name of Physician: _____ Physician License # _____

Diagnosis: _____ **(Do Not Abbreviate or Use Diagnosis Codes)**

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

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.

Name of Physician: _____ Physician License # _____

Diagnosis: _____ **(Do Not Abbreviate or Use of Diagnosis Codes)**

Explain how Severe Disability limits mobility not distance: _____

Neuromuscular dysfunction that severely **limits mobility** Class III or IV cardiac condition (American Heart Assoc. Standards) **limits mobility**

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 _____
Original Signature ONLY – No faxed, scanned or signature stamps accepted _____ **Date (must be dated within last 12 months)** _____

Picked up: _____

REQUIRED OFFICE STAMP HERE - WILL NOT ACCEPT WITHOUT

Mailed: _____

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

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

Prior #: _____ Returned: _____ Organization Plate #: _____ Plate # _____

Issuing Agent: _____ BAS: _____