



Town of Babylon

Division of Handicapped & Therapeutic Services

Office: 281 Phelps Lane, North Babylon, NY 11703

Dear Resident:

In an effort to better serve our residents, the Town of Babylon will be issuing Handicapped Parking Permits in accordance with Section 1203-a of the New York State Vehicle & Traffic Law. This permit should be placed in the automobile of the disabled person and will enable the disabled person to park his/her vehicle in a specially designated handicapped parking area.

Sincerely,

Rich Schaffer

Supervisor

Issued _____

Expires _____

***NOTE:** You must submit a copy of Driver's License or Non-Driver's ID, for the disabled person.

PART 1 - PLEASE PRINT ALL INFORMATION

Name of Disabled: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Age: _____ Sex: _____

Nature of Disability: _____

PLEASE NOTE:

You are eligible for a handicapped parking permit if you are a "severely disabled Person" having any one of the following impairments, disabilities or conditions:

1. Limited or no use of one or both lower limbs
2. Neuromuscular dysfunction which severely limits mobility
3. A person whose physical or mental impairment or condition is other than those specified above, but is of such a nature as to impose unusual hardship in utilization and such condition is certified by a duly licensed physician
4. Blindness

UNDERSTAND:

The definition of "disabled person" utilized prior to enactment of Chapter 690 of the laws of 1982 specifically included a person with pulmonary or cardiovascular conditions limiting mobility, open air activities, etc. In many instances, such individuals are now included under subdivision (C).

1. This permit is issued to a disabled person, NOT a vehicle.
2. The NYS Handicapped Parking Permit is valid in all municipalities of New York State which have designated handicapped parking spaces.
3. The permit may only be used when the permit holder is being transported.
4. The permit holder may be transported in any vehicle of his/her choice.

Signature of Issuing Agent

PART 2 - REVOCATION OF PERMIT:

New legislation states that the permit may be used in any vehicle in which the holder is riding. The permit is not transferable and shall be forfeited if presented by any other person. In addition, the permit may be revoked for any one of the following reasons:

- Photostat copies
- Alterations
- Usage in areas that are not identified as being for the handicapped

I affirm that I have read this New York State Handicapped Parking Permit Application, and agree to abide by all laws that pertain to my usage of same.

Signature of Applicant

Date

PART 3 - PHYSICIAN'S STATEMENT

(Please have physician fill out and sign this portion of the application and specify by writing whether disability is permanent or temporary.)

MEDICAL CERTIFICATION

To be completed by applicant's personal physician.

Physician's Signature: _____ License #: _____

Address: _____

Telephone #: _____ Nature of Disability: _____

In certifying eligibility for such permit, the definition of a "severely disabled person" being utilized to determine eligibility for such permit under Section 1203-a of the Vehicle and Traffic Law is provided below:

You are eligible for a handicapped parking permit if you are a "severely disabled Person" having any one of the following impairments, disabilities or conditions:

1. Limited or no use of one or both lower limbs
2. Neuromuscular dysfunction which severely limits mobility
3. A person whose physical or mental impairment or condition is other than those specified above, but is of such a nature as to impose unusual hardship in utilization and such condition is certified by a duly licensed physician
4. Blindness

Specify IN WRITING whether permit is PERMANENT or TEMPORARY

The local health centers listed below will certify your application if you do not have a personal physician:

- Maxine S. Postal Tri-Community Health Center, 1080 Sunrise Highway, Amityville, NY 11701
- Martin Luther King Jr. Health Center, 1556 Straight Path, Wyandanch, NY 11798

AS OF JANUARY 1ST 2006 ALL MEDICALS MUST BE UPDATED.

For further information please contact the Division of Therapeutic Services

281 Phelps Lane, Room #4, North Babylon, NY 11703

(631) 893-1050