

# APPLICATION FOR A METERED PARKING WAIVER FOR PERSONS WITH SEVERE DISABILITIES

Instructions for completing this application are on page 2. Take the completed application to the issuing agent in the area where you live. Please bring your New York State driver license with you when you apply for the waiver.

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

Last Name	First First	M.I.	Date of Birth	Sex
				□М □ F □ X
Address: No. and Street	Apt. No. City	State Z	Zip Code Teleph	none No.
Driver License Number and	Expiration Date:			
Do you have license plates t	for persons with disabilities? $\square$ No $\square$ Yes	, plate number is:		
Do you have a parking pern	nit for persons with disabilities? $\square$ No $\square$ Yes	, permit number is	s:	
or providing misinformation	fy that I meet the requirements for a metered park on on an application to obtain or facilitate the civil penalty ranging from \$250-\$1,000 and/or crit	receipt of a meter	ed parking waive	
(Signature of Person with Dis	sability or Signature of Parent or Guardian) — If signed by a $\mu$ ur relationship to the person with the disability after your sign		(Date)	)
MEDICAL CERTIFICATION osteopathy (DO).	N—This section must be completed only by a ph	ysician, physician	assistant (PA), or	doctor of
	er is available to people who are severely disabled behave a disability that hinders their ability to put p			
Unable to wa     Neuromuscu     Class III or I     Severely lim     Restricted by by spirometry     Has a physic and which in without great     Part B     Please certify that limits on         □ Fine mo	o use of one or both legs alk 200 ft. without stopping alar dysfunction that severely limits mobility. V cardiac condition. (American Heart Association ited in ability to walk due to an arthritic, neurology lung disease to such an extent that forced (respirately, is less than one liter, or the arterial oxygen tensional or mental impairment or condition not listed ability and the severely disabled patient (as desperor more of the following (check all that a ottor control of both hands to reach or access a parking meter due to use of a to reach a height of 42 inches from the ground duty.	gical or orthopedic tory) expiratory volon is less than sixty pove which constitute portation and prevention and prevention are portation are portation as apply):	lume for one secon mm/hg of room ai utes an equal degreents the person from th	r at rest ee of disability, om getting around  vere disability  ice ctremity strength or
Physician/PA/DO Name (Print/Type	<b>ə</b> )		Professional License	∍ No.
Physician/PA/DO Address (Print/Type)			Telephone No.	
disability limiting one or misinformation on an appl result in a civil penalty range	ify that this severely disabled patient (as defined more of the actions listed in Part B above. I ulication to obtain or facilitate the receipt of a meging from \$250-\$1,000 and/or criminal prosecution	inderstand that ma etered parking wai	king a false state	ment or providing
X	(Physician/PA/DO Signature)		(Dat	e)
File Information (For Issuing Agent Use Only)				
MV-664MP No. Issued:	Date Issued:		664 No. Issued:	

MV-664.1MP (7/22) PAGE 1 OF 2

### INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A METERED PARKING WAIVER

The metered parking waiver is intended for use by those individuals whose severe disabilities make it extremely difficult to put payment into a parking meter when traveling alone. Any person who makes a false statement or gives information which is known to be false to a public official to obtain a metered parking waiver may be subject to a civil penalty of \$250-\$1,000 and possible criminal prosecution.

**New York City Residents -** New York City does not issue the Metered Parking Waiver because the New York City parking permit allows the permit holder to park in metered parking spaces within New York City and not pay the meter fee. For more information about the City permit, call (718) 433-3100 or contact the New York City Department of Transportation at:

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

## **STEP 1 - Metered Parking Waiver Requirements**

In order to be eligible for the metered parking waiver, you must meet all of the following conditions:

- 1. Be a resident of New York State; and
- 2. Be a resident of the city, town, or village in which you are obtaining the waiver (New York City residents are not eligible as explained above); and
- 3. Hold a valid New York State driver license; and
- 4. Are severely disabled as defined in Vehicle and Traffic Law Section 404-a (see Part A on page 1); and
- 5. Your severe disability as certified by a licensed physician, physician assistant, or doctor of osteopathy limits one or more of the following:
  - a. Fine motor control in both hands; or
  - b. Ability to reach or access a parking meter due to use of a wheelchair or other ambulatory device; or
  - c. Ability to reach a height of 42 inches from the ground due to lack of finger, hand or upper extremity strength or mobility.

Do you meet all of the requirements listed above in 1-5?

If No, you are <u>not</u> eligible for a metered parking waiver.

If Yes, continue on to Step 2.

### STEP 2 - Complete the section "Information About Person with Disability".

- Clearly print your personal information in the boxes provided.
- Print your New York State driver license number and expiration date in the space provided. Your driver license number is the 9 digit ID number located near your picture. The expiration date is printed in red on the bottom of the license. This number needs to be a date in the future.
- If you have license plates with the International Symbol of Access, check "Yes" and write your plate number in the space provided. If you do not have those plates, check "No".
- If you have a permanent (blue) parking permit for people with severe disabilities, check "Yes" and write the permit number in the space provided. The permit number is a 6 or 7 digit number printed in black along the top portion of the permit. If you do not have a permanent permit, check "No".
- Read the certification statement and sign the form in the space provided.

### STEP 3 - Have your doctor fill out the Medical Certification section.

- Bring the application form to your physician, physician assistant(PA), or doctor of osteopathy(DO). This form can only be filled out by a physician/PA/DO, not a nurse practitioner, chiropractor, or podiatrist.
- The physician/PA/DO should read Part A and read and fill out Part B by checking all of the disabilities that apply.
- The name, license number, address and telephone number of the physician/PA/DO should be printed in the space provided.
- The physician/PA/DO must sign and date the form. (NOTE: Original signatures only.)

# STEP 4 - Bring your completed application to the issuing agent in the area where you live to receive a waiver.

Issuing agents are often the town, village or city clerk or the local police department. You can not obtain a metered parking waiver from any State or County Motor Vehicles office. Call your local city, town or village hall to find out where to apply for the waiver. If you are a resident of Nassau County, call (516) 227-7399 to find out where to apply.