



TOWN OF BABYLON THERAPEUTIC INSTITUTE

281 Phelps Lane, North Babylon, New York 11703-4006

Town of Babylon Resident requirements for applying for a Disabled Parking Permit

- Medical certification within the last 6 months including: the doctor's original signature, doctor's license number, and nature of disability. The doctor MUST indicate the type of permit to be issued—**Temporary** (6 months) or **Permanent** (renewal every 4 years).
- All applicants must provide two proofs of Town of Babylon residency.
 1. Government issued Photo ID* (NYS Drivers License or Non-Drivers Identification Card)
 2. A recent second proof of address for the applicant such as a: recent tax bill, utility bill, vehicle registration or insurance, voter registration, medical bill, Social Security statement.

To verify other acceptable proofs of residency, please contact the office at 631-893-1050.

***If the applicant's photo ID has a PO Box or out of Town of Babylon address, the applicant must provide two additional proofs of residency.**

- If the applicant is a minor (under the age of 18), the applicant is considered a youth and a copy of their birth certificate must be submitted along with their parent's identification and second proof of Town of Babylon residency.
- Applicants renewing/extending their permit MUST submit the current expiring placard. If applying in person, bring your expired permit with you. If applying by mail, cut your current permit in half and mail it along with your form and proofs of residency. If the permit is lost or stolen, a police report MUST be submitted.

Facility and Agency Guidelines:

Parking permits may be issued to a state facility or agency licensed by New York State that operates motor vehicles for the purpose of transporting persons with disabilities. The agency or facility must submit a letter on agency letterhead certifying that they transport individuals defined as severely disabled for the purposes of the program. The following must be submitted:

- Aforementioned letter on agency letterhead.
- Copy of the current NYS operating license for the facility or agency.
- List of plate numbers along with the make and model of the vehicles used.
- Copy of the vehicle registrations for each vehicle.

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Please note: A qualifying disability is one or more of the following impairments, disabilities or conditions that are both permanent in nature and affect mobility:

1. Use of portable oxygen;
2. Legal blindness;
3. Limited use, or no use, of one or both legs;
4. Inability to walk 200 feet without stopping;
5. A neuro-muscular dysfunction that severely limits mobility;
6. A Class III or IV cardiac condition (American Heart Association standards);
7. Severe limitation in the ability to walk due to an arthritic, neurological or orthopedic condition;
8. Restriction because of 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;
9. Any other physical or mental impairment not previously listed which constitutes an equal degree of disability, and imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

A Temporary Parking Permit, valid for six months, may be issued when a person has a temporarily disabling condition that makes the person unable to walk without a cane, crutches, a walker or other assisting device. May only be certified by a Medical Doctor or Doctor of Osteopathy.

A Permanent Disability Parking Permit, valid for four years, a form is required for first time and renewing applicants. By signing the required form by New York State Law, the medical professional is certifying that the information is true and complete.

Note to Residents and Medical Professionals: Making a false statement or providing false information on an application for a parking permit for persons with severe disabilities is a crime (felony or misdemeanor) under the Vehicle and Traffic and Penal Law, and is punishable by a fine, imprisonment or both. With regards to the application for parking permits, may also result in liability for payment of a civil penalty of \$250-\$1,000.

Resident Requesting a Parking Permit, for Persons with a Disability-By signing part 1 of this application, you are certifying; that the information you provide on this application is true; that you read and understand the conditions for the parking permit stated on the application; that you will comply with those conditions.

Parking Permit Rules

- A permit is issued to any person with a qualifying disability. This enables the permit to be used in any vehicle in which the person is riding in.
- Permits are **not transferable between people** (Spouses, Parent/Child, other household members). Each qualifying person in the household should obtain their own handicapped pass.
- Parking in a handicapped space without the pass holder in the vehicle can result in confiscation of the pass and denial of renewal in accordance with Traffic Law 1203-S (4).
- Each permit has an expiration date. An expired permit is not valid and can not be used after the last day of the month and year punched. You must obtain a new medical certification before you can apply for another parking permit.
- The permit is designed to hang from the rearview mirror when parked, and should be removed while the vehicle is being operated.
- If your permit is lost or stolen, immediately report it to the Suffolk County Police Department and a report (PDCS-1053) will be needed to replace the permit.



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FOR OFFICE USE ONLY

Issued _____

Permit # _____

Expired _____

License # _____

Renewal/expired permit # _____

Second Proof _____

Initial _____

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 in a specially designated handicapped parking area. For further information please contact 631-893-1050.

Sincerely,

Rich Schaffer
Supervisor

***Note: Two forms of Town of Babylon residency are required:**

(1) You must submit a copy of the Driver's License or Non-Driver's ID. (2) Recent 2nd proof (see first page for acceptable proofs).

Part 1-Please print all information

Name of Disabled: _____

Address: _____ City: _____ State: NY Zip: _____

Telephone Number: _____ Date of Birth: _____ Male: _____ Female: _____

Signature: _____ Date: _____

Signature of person with disability or signature of parent or guardian. I certify that the information on this application is correct, have read and understand the conditions for using the permit, and agree to comply with those conditions.

Part 2-Medical certification

Please have a physician fill out and sign this portion of the application and specify whether this is for a **Temporary** permit (6 months) or **Permanent** permit(4 years).

☐ Permanent permit (MD/DO/DPM/NP/PA/OD) ☐ Temporary permit (MD/DO only)

Nature of Disability: _____ Professional License #: _____

Office Address: _____ Office Telephone#: _____

Physician's Signature: _____

(Original ink signature must be submitted-No faxed or emailed copies)

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