



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, and the doctor's license number, your diagnosis. And the doctor **MUST** indicate the type of permit - Temporary (6 months) or a Permanent (renewal every 4 years).

(Your doctor may provide you with a prescription requesting a parking permit and including highlighted information above)

- All applicants must provide two forms of proof of Town of Babylon residency. Please make sure the applicant's name appears on both forms of proof. Acceptable proofs are as follows:
 - Valid NYS Driver's License or Non-Driver's Identification Card
 - Recent tax statement or utility bill
 - Current vehicle registration and/or insurance card

To verify other acceptable forms of residency proof, contact this office at (631) 893-1050.

If the applicant's photo identification has an address with a PO Box, the applicant must provide two additional proofs of residency.

- If the applicant is a minor (under the age of 18), then the applicant is considered a youth and their birth certificate **MUST** be submitted with their parent's identification that verifies Town of Babylon residency.
- Applicants **MUST** surrender/return the expired permit. If applying in person, bring your expired permit with you. If applying by mail, cut your permit in half and mail it with your new application and required proof of residency. If permit is lost/stolen, a police report **MUST** be submitted.

Facility and Agency:

Parking permits may be issued to any 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** give this office a letter (on agency letterhead), certifying that they transport individuals defined as severely disabled for purpose of this program. The letter **MUST** include the following:

- On agency letterhead, describe the facility or agency
- Explain how it serves individuals with disabilities;
- List plate numbers and make of the vehicles in which the permit will be issued
- Copy of the vehicle registrations
- Copy of operating license of facility or agency or authority to operate

The Babylon Therapeutic Institute, Inc., is a not-for-profit corporation funded by the Town of Babylon, County of Suffolk, and State of New York.



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

Permit # _____

License # _____

Renewal/expired permit# _____

Dear Resident:

In a 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. For further information please contact (631) 893-1050.

Sincerely,

Rich Schaffer
Supervisor

Issued _____

Expires _____

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

(1) You must submit a copy of Driver's License or Non-Driver's ID. (2) Recent Utility Bill/Tax bill

Part 1- Please Print All Information

Name of Disabled: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Age: _____ Date of Birth: _____

Male: _____ or Female: _____

Signature: _____ Date: _____

Signature of person with Disability or Signature of Parent or Guardian (please state your relationship to the person with the disability after your signature). I certify that the information on this application is true; have read and understand the conditions for using the permit, 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 the disability is for a Permanent or Temporary parking permit.

Physician's Signature: _____ Professional License #: _____

Permanent permit-(MD/DO/DPM/NP/PA/OD) Temporary Permit-(medical doctor or doctor of osteopathy only)

Address: _____

Telephone #: _____ Nature of Disability: _____

Temporary Permit _____ Permanent Permit _____

Please Note: A qualifying disability is one or more of the following impairments, disabilities or conditions that are both permanent in nature and effect 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 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.
10. If you have an obvious, visible, permanent disability, such as the complete or partial loss of leg or foot, the requirements for a medical statement may be waived by a supervisor if you are applying for a permit

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 any other assisting device. However, may be certified only by a Medical Doctor or Doctor of Osteopathy.

A Permanent Disabilities Parking Permit, valid for four years, a new permit or renewals requires a physician's medical sign off that the applicant, you are certifying, that the information is true and complete and is required by New York State law.

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 (a felony or a misdemeanor) under the Vehicle and Traffic and Penal Law, and is punishable by a fine, imprisonment or both, and regarding applications 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 page 2; that you will comply with those conditions.

Medical Professionals Providing Medical Information in Support of an Application for a Parking Permit, for persons with a Disability.

Remember:

- A Permit is issued to any person with a qualifying disability. This enables the permit may be used in any vehicle in which that person is riding.
- Each Permit has an expiration date. An expired permit is not valid and cannot be used. 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, but should be removed when the vehicle is being operated.
- If you lose your permit or it is stolen, immediately report it to the Suffolk County Police Department and a report will be needed to replace permit.
- It is a serious misuse of the permit or in allowing someone other than the person with the disability uses the permit in a space reserved for people with disabilities. These permits are valid only when the person with the disability who received permit is driving the vehicle or is a passenger in it. The permit may be revoked and deny renewal Traffic Law 1203-a (4)