



TOWN OF SHELTER ISLAND
Suffolk County, New York

For Office Use Only

Permit # _____

HANDICAPPED PARKING PERMIT
APPLICATION

Part I. This page is to be completed by the handicapped applicant, or the parent or guardian on behalf of a handicapped child.

Name of Handicapped Person _____

Last First M.I.

Residence _____

Street and P.O. Box _____

Town State Zip Code

Age (on last birthday) _____ Sex ___M___F Telephone _____

Last Three Digits of Applicant's Driver's License: _____

Occupation (if student, specify name and location of school):

Business or School Address _____

Business Telephone Number _____

Nature of Disability _____

I certify that the above disability, impairment or condition is permanent in nature and the statements contained herein are true. I further acknowledge that I have read and understand the conditions of this application and the Handicapped parking Permit, and shall observe and comply with same.

Attached to this application is certification by a physician licensed to practice in the State of New York.

Date: _____

Signature of Applicant, or Parent or Guardian

Part II. This part is to be completed by the certifying physician.

MEDICAL CERTIFICATION

Name of Physician _____ License No. _____

Address _____ Telephone _____

Name of Handicapped Person _____

In the space provided below, please indicate the handicapping condition which necessitates that the above-named applicant be granted a Handicapped Parking Permit, thereby entitling this individual to special parking privileges as provided by the Town of Shelter Island; and indicate if this condition is expected to be permanent, and describe the limitations which it imposes on this handicapped person.

To assist you in making a determination of eligibility for such Permit, we provide a definition of a "handicapped person" presently being utilized to determine eligibility for such a Permit under Section 1203-a of the Vehicle and Traffic Law (Chapter 838, Laws of 1977).

A "handicapped person" shall mean any person who has any one or more of the following impairments, disabilities or conditions which are permanent in nature:

- (a) has limited or no use of one or both lower limbs;
- (b) has a neuro-muscular dysfunction which severely limits mobility;
- (c) has a pulmonary or cardio-vascular condition which limits mobility or severely limits the individual's activities in the open air;
- (d) a person whose physical or mental impairment or condition is other than those specified above but is of such nature as to impose unusual hardships in utilization of public transportation facilities, and such condition is certified by a physician duly licensed to practice medicine in this State as constituting an equal degree of disability (specifying the particular condition) so as to prevent such a person from getting around without great difficulty;
- (e) a child with any one or more of the impairments or conditions listed above.

State nature of handicapping condition: _____

Date: _____

Signature of Certifying Physician

Part III. This part is to be completed by the Issuing Agent.

Approved_____

Disapproved_____

Reason for disapproval: (specify in detail):

Signature of Issuing Agent