

MAYOR
PAUL V. PONTIERI, JR.

DEPUTY MAYOR
JOHN A. KRIEGER

VILLAGE CLERK
PATRICIA M. SEAL



TRUSTEES
GERARD J. CREAN
JOSEPH E. KEYES, JR.
LORI B. DEVLIN
WILLIAM HILTON
THOMAS E. FERB

INCORPORATED
VILLAGE OF PATCHOGUE

APPLICATION FOR DISABLED/HANDICAPPED PARKING PERMIT

1. PERMIT NUMBER:
2. EXPIRATION DATE:
3. ID SHOWN

PLEASE TYPE OR PRINT CLEARLY

PART 1: TO BE COMPLETED BY APPLICANT OR PARENT / GUARDIAN IF MINOR

4. DATE	5. <input type="checkbox"/> New Applicant or <input type="checkbox"/> Renewal	6. PRIOR PERMIT NUMBER
7. NAME LAST FIRST MIDDLE	8. TELEPHONE	
9. ADDRESS NUMBER & STREET TOWN STATE ZIP		
9. MAILING ADDRESS (IF DIFFERENT FROM ABOVE) NUMBER & STREET TOWN STATE ZIP		
10. DATE OF BIRTH	11. <input type="checkbox"/> Male <input type="checkbox"/> Female	12. SIGNATURE OF APPLICANT

DO YOU HAVE A DRIVERS LICENSE OR
NON DRIVERS ID CARD ____ YES ____ NO

IF YES, PLEASE SEND COPY OF SAME

If signed by parent or guardian, please state your relationship to the person
with the disability after your signature

PART 2: TO BE COMPLETED BY PHYSICIAN

13. NAME OF PHYSICIAN	14. LICENSE NUMBER	15. TELEPHONE
16. ADDRESS NUMBER & STREET TOWN STATE ZIP		
17. NAME OF DISABLED PERSON		
18. MEDICAL CERTIFICATION This section must be completed by a Medical Doctor (MD) Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM). Indicate below the condition which necessitates the above granted a disabled parking permit, if this condition is permanent or temporary and describe the limitations which cause difficulty in ambulation.		
19. DIAGNOSIS – DO NOT ABBREVIATE OR USE OFFICE CODES		
20. LIMITATION/HARDSHIP – HOW CONDITION AFFECTS APPLICANT'S ABILITY TO AMULATE		
21. PLEASE CERTIFY IF THE PATIENT'S DISABILITY IS PERMANENT OR TEMPORARY <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	22. IF TEMPORARY, EXPECTED RECOVERY DATE (TEMPORARY PERMITS ARE ISSUED FOR 6 MONTHS OR LESS)	
23. PERMANENT DISABILITY A "severely disabled person" is any person with one or more of the PERMANENT impairment, disabilities or conditions listed below, which limit mobility: <input type="checkbox"/> Uses portable oxygen <input type="checkbox"/> Limited or no use of one or both legs <input type="checkbox"/> Unable to walk 200 feet without stopping <input type="checkbox"/> Legally blind <input type="checkbox"/> Neuromuscular dysfunction <input type="checkbox"/> Class III or IV cardiac condition <input type="checkbox"/> Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability <input type="checkbox"/> Restricted by lung disease to such an extent that forced 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.		
24. SIGNATURE OF PHYSICIAN – SIGNATURE STAMP NOT ACCEPTABLE	25. DATE	

MAYOR
PAUL V. PONTIERI, JR.

DEPUTY MAYOR
JOHN A. KRIEGER

VILLAGE CLERK
PATRICIA M. SEAL



INCORPORATED
VILLAGE OF PATCHOGUE

TRUSTEES
GERARD J. CREAN
JOSEPH E. KEYES, JR.
LORI B. DEVLIN
WILLIAM HILTON
THOMAS E. FERB

HANDICAPPED PARKING PERMIT APPLICATION PROCEDURE

If you are a resident of the Village of Patchogue, you can obtain an application for a permanent or temporary handicapped parking permit from the Village Clerk's Office at 14 Baker Street, Patchogue. Persons not living in the Village of Patchogue must go to the Town of Brookhaven or to the Township in which they reside.

NEW PERMITS

Part I of the application is to be filled out and signed by the applicant. If your mail is delivered to a P.O. Box, you must also include your street address on the application. **BRING YOUR NEW YORK STATE DRIVER'S LICENSE OR NON-DRIVER ID (OUT OF STATE DRIVER'S LICENSE IS UNACCEPTABLE) IF IT DOES NOT SHOW YOUR CURRENT PHYSICAL ADDRESS, YOU MUST ALSO BRING A UTILITY BILL, BANK STATEMENT, OR CREDIT CARD STATEMENT TO PROVE YOUR PHYSICAL ADDRESS. A P.O. BOX DOES NOT PROVE RESIDENCY.** Part II of the application must be completed (including diagnosis and professional license number) and signed by your physical (MD, DO, NP or DPM). Chiropractors (DC) and Physician Assistants (PA) are not considered "physicians" under the Vehicle and traffic Law, Sec. 1203.

You may return the application in person or by mail (**NO FAX COPIES OR PHOTOCOPIES**) to the address listed on the bottom of the application. If someone other than the applicant brings in the application, they must provide all the documentation as listed above. Mail is processed promptly and you will receive your permit within a few days.

RENEWAL PERMITS

If renewing a permit, the expiring permit **MUST BE RETURNED**. Part I of the application must be completed and signed by applicant. Part I and II must be completed for temporary permit renewal. If your permit has expired for more than a month, follow instructions for new permits. If your permit was issued from another municipality, you must file an application as a new resident.

LOST OR STOLEN PERMITS

If your permit was lost or stolen, you must sign a sworn affidavit, have it notarize and pay a \$2.00 fee. You must also complete and sign Part I of the permit application and submit your ID.

The affidavit mentioned above states that you would be issued **ONE (1) replacement tag**. If the replacement tag is lost or stolen the Village Clerk's Office **WILL NOT ISSUE YOU ANOTHER TAG**. You will have the option of going to the Department of Motor Vehicles for plates or returning to your doctor for a newly completed and signed form.

