



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 city, town or village office where you live. A New York State driver license is required, bring it with your application.

INFORMATION ABOUT THE PERSON WITH A DISABILITY — (Please type or print and sign.)

Last Name		First		M.I.	Date of Birth	Sex ☐ M ☐ F ☐ X
Address: No. and Street		Apt. No.	City	State ☐	Zip Code	Telephone No.
Driver License Number and Expiration Date: _____						
Do you have license plates for persons with disabilities? ☐ No ☐ Yes, plate number is: _____						
Do you have a parking permit for persons with disabilities? ☐ No ☐ Yes, permit number is: _____						
By signing this form I certify that I meet the requirements for a metered parking waiver. I understand that making a false statement or providing misinformation on an application to obtain or facilitate the receipt of a metered parking waiver for people with disabilities may result in a civil penalty ranging from \$250-\$1,000 and/or criminal prosecution and penalties.						
X _____ (Signature of Person with Disability or Signature of Parent or Guardian) — If signed by a parent or guardian, please state your relationship to the person with the disability after your signature. (Date)						

MEDICAL CERTIFICATION—This section must be completed only by a physician, physician assistant, nurse practitioner, podiatrist, or optometrist.

The metered parking waiver is available to people who are severely disabled as defined in Vehicle and Traffic Law Section 404-a (see Part A) AND who also have a disability that hinders their ability to put payment into a parking meter (see Part B).	
◆ Part A	<ul style="list-style-type: none">• Uses portable oxygen• Legally blind• Limited or no use of one or both legs• Unable to walk 200 ft. without stopping• Neuromuscular dysfunction that severely limits mobility• Class III or IV cardiac condition. (American Heart Association standards)• Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition• Restricted by 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• Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes <u>unusual hardship in the use of public transportation</u> and <u>prevents</u> the person from <u>getting around without great difficulty</u>.
◆ Part B	<p>Please certify that the severely disabled patient (as described in Part A) also has a severe disability that limits one or more of the following (check all that apply):</p> <ul style="list-style-type: none">☐ Fine motor control of both hands☐ Ability to reach or access a parking meter due to use of a wheelchair or other ambulatory device☐ Ability to reach a height of 42 inches from the ground due to lack of finger, hand, or upper extremity strength or mobility.
Medical Professional's Name (Print/Type)	Professional License No.
Medical Professional's Address (Print/Type)	Telephone No.
By signing this form I certify that this severely disabled patient (as defined by NYS Vehicle and Traffic Law Section 404-a) has a disability limiting one or more of the actions listed in Part B above. I understand that making a false statement or providing misinformation on an application to obtain or facilitate the receipt of a metered parking waiver for people with disabilities may result in a civil penalty ranging from \$250-\$1,000 and/or criminal prosecution and penalties.	
X _____ (Signature of Certifying Medical Professional) (Date)	

File Information (For Issuing Agent Use Only)

MV-664MP No. Issued: _____ Date Issued: _____ MV-664 No. Issued: _____

METERED PARKING WAIVER INFORMATION

The metered parking waiver is available to individuals with severe disabilities that make it extremely difficult to put payment into a parking meter when driving alone or with a passenger who is not able to put payment into a meter. The waiver allows the person to whom it was issued to park in any metered parking space anywhere in New York State without paying the meter fee.

When parking in a metered parking space reserved for people with disabilities, the vehicle must display the meter waiver and either the parking permit or special plates for people with disabilities. The meter waiver must only be used when the waiver holder is driving the vehicle and is not accompanied by a person who is able to put payment into a meter. Any time limits for the metered parking space must be followed.

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 visit the New York City Department of Transportation's website at www.nyc.gov/dot

Eligibility Requirements

To be eligible for the metered parking waiver, you must meet **all** of the following requirements:

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. Have a valid, not expired, New York State driver license; and
4. Have a permanent, severe disability 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, nurse practitioner, podiatrist, or optometrist 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.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A METERED PARKING WAIVER

STEP 1 - Complete the section "Information About the Person with a Disability".

- Clearly print or type your information in each field.
- 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.
- Read the certification statement and sign your name in the space provided.

STEP 2 - Have an authorized medical professional complete the Medical Certification section.

- The medical certification section must be completed by a physician, physician assistant, nurse practitioner, podiatrist, or optometrist.
- The physician, physician assistant, nurse practitioner, podiatrist, or optometrist must sign and date the form. (NOTE: Original signatures only.)

STEP 3 - Bring your completed application to the city, town, or village office where you live.

- Contact your local city, town or village office to find out where to apply for the waiver.
- You can not obtain a metered parking waiver from the Department of Motor Vehicles.
- If you are a resident of Nassau County, call (516) 227-7399 or visit <https://www.nassaucountyny.gov/1744/Physically-Challenged> to find out where to apply.