Town of
Brookhaven
Long Island

Patricia Eddington, Town Clerk
Donna Lent, Chief Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

TC-03 rev. 7/13

For Additional Information, Please Visit
www.brookhaven.org/departments/townclerk

HANDICAPPED PARKING PERMIT APPLICATION PROCEDURE

If you are a resident of the Town of Brookhaven, you can obtain an application for a permanent or temporary handicapped parking permit from the Town Clerk's Office at 1 Independence Hill, Farmingville. Persons living within the incorporated villages of Mastic Beach, Patchogue, Port Jefferson and Bellport must obtain the application and their permit at their village hall.

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 DRIVER'S LICENSE OR NON-DRIVER I.D., 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 physician (MD, DO, NP, PA or DPM). Chiropractors (DC) 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 top of the application. If someone other than the applicant brings in the application, they must provide all 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 and Part II of the application must be completed for temporary and permanent permit renewals. If your permit was issued from another municipality, you must file an application as a new resident. **MAKE SURE YOU BRING YOUR DRIVER'S LICENSE OR NON-DRIVER I.D. 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. A BROOKHAVEN TOWN TAX BILL DOES NOT PROVE RESIDENCY.**

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

LOST OR STOLEN PERMITS

If your permit was lost or stolen, you must sign a sworn affidavit and have it notarized. You must also complete and sign Part I of the permit application, submit with your **LICENSE OR NON-DRIVER I.D. IF IT DOES NOT SHOW YOUR CURRENT PHYSICAL ADDRESS, YOU MUST ALSO BRING A UTILITY BILL, BANK STATEMENT, OR CREDIT CARD STATEMENT. A P.O. BOX DOES NOT PROVE RESIDENCY. A BROOKHAVEN TOWN TAX BILL DOES NOT PROVE RESIDENCY. (NO FAX COPIES OR PHOTOCOPIES)**

The affidavit mentioned above states that you would be issued **ONE (1) replacement tag**. If the replacement tag is lost or stolen the Town 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.

If you need additional assistance, please call 451-9124 or 451-7093

Town of Brookhaven Long Island

Application for Disabled/Handicapped Parking Permit

Patricia Eddington, Town Clerk
Donna Lent, Chief Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

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Expired Disabled/Handicapped Parking Permit Tag and required ID MUST be returned with this application (see attached instructions for additional information). Return completed application with a stamped self-addressed legal size envelope to: **Brookhaven Town Clerk, One Independence Hill, Farmingville, NY 11738**.

FAX COPIES OF APPLICATION WILL NOT BE ACCEPTED

Office Use Only	**Permit No.:**	**Expiration Date:**	**ID Shown:**

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

1. Date:	2. ☐ New ☐ Renewal ☐ Replacement ☐ Damaged	3. Prior Permit Number:
4. Name: Last First MI		5. Telephone: ( )
6. Address:		
7. Mailing Address: (if different from above)		
8. Date of Birth:	9. ☐ Male ☐ Female	10. Signature of Applicant: If signed by parent/guardian, please state your relationship to the person with the disability.

PART 2: TO BE COMPLETED BY AUTHORIZED MEDICAL PROFESSIONAL (*DIAGNOSIS REQUIRED*)

11. Name of Physician:	12. Professional License No.:	13. Telephone No.: ( )
14. Address: Number and Street	Town	State Zip Code
15. Please Certify if the Patient's Disability is: ☐ Temporary ☐ Permanent	16. Name of Disabled Person:	

TEMPORARY DISABILITIES must be certified by a Medical Doctor **(MD)** or Doctor of Osteopathy **(DO) only**.

Temporary Disability: Temporary disability, by definition, is any person who is temporarily unable to ambulate without the aide of an assisting device, i.e. a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. ***IMPORTANT***: **Temporary permits are issued for six (6) months or less regardless of expected recovery date.**

17. **DIAGNOSIS**: Do Not Abbreviate or Use Office Codes	18. Expected Recovery Date:
19. What assistive device is needed?	

PERMANENT DISABILITIES must be certified by a Medical Doctor **(MD)**, Doctor of Osteopathy **(DO)**, Physician Assistant **(PA)**, Nurse Practitioner **(NP)**, a Doctor of Podiatric Medicine **(DPM)** for disabilities related to the foot, or Optometrist **(OD)** for blindness.

Permanent Disability: A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

20. **DIAGNOSIS**: Do Not Abbreviate or Use Office Codes	21. Limitation/Hardship: (How condition affects the applicant's ability to ambulate)

22. Please check the conditions that apply:
- ☐ 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 conditions (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

23. Signature of Physician: ***(Signature Stamp Not Acceptable)***	24. Date: