



Select language

English

Need a parking permit?

Sign in & apply permits today

Username or Email Address

[Forgot Username?](#)

[Forgot Password?](#)

Continue

For federated email address, system will redirect the user to agency login page on click on "Continue" button.

Not a user? [Create an Account](#)

Are you a Physician? [Upload Here](#)



FAQ

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

Learn More



Lost or Stolen?

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

Learn More



Permanent Vehicle Change (PVC)

Lorem ipsum dolor sit amet, consectetur adipiscing elit,

Learn More

Individuals Permits - People with Disabilities

Government Permits

Organization Permits



NYC Parking Permit for People with Disabilities (NYC – PPPD)

Issued to people who has a disability that severely and permanently impairs mobility

[Learn More](#)



NYS Parking Permit, Blue and Red hang tag (NYS – Hang tag)

Issued to people who are eligible to obtain a New York State parking permit, only if the person is certified by a **physician**

[Learn More](#)



Select language

English

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[Forgot Username?](#)

[Forgot Password?](#)

Continue

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Are you a Physician? [Upload Here](#)



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[Learn More](#)



Permanent Vehicle Change (PVC)

Lorem ipsum dolor sit amet, consectetur adipiscing elit,

[Learn More](#)

Individuals Permits - People with Disabilities

Government Permits

Organization Permits



Agency Business Parking Permit (ABPP)

Issued to government employees who need to park while conducting official business, valid for three hour parking in No Parking

[Learn More](#)



Citywide Agency Parking Permit (CAPP)

Issued to Commissioners, Agency Heads, First and Second in Command, Elected Officials, FDNY and DOI

[Learn More](#)



Agency Authorized On-Street Parking Permit (AAOSP)

Issued to government employees, teachers and private school facilities to travel between multiple facilities

[Learn More](#)

Select language

English

Need a parking permit?

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[Forgot Username?](#)

[Forgot Password?](#)

Continue

Not a user? [Create an Account](#)

Are you a Physician? [Upload Here](#)



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[Learn More](#)



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[Learn More](#)

Individuals Permits - People with Disabilities

Government Permits

Organization Permits



NYS Parking Permit, Blue and Red hang tag (NYS – Hang tag)

Issued to people who are eligible to obtain a New York State parking permit, only if the person is certified by a physician

[Learn More](#)



Clergy Parking Permit

Issued to members of the clergy for parking their personal passenger vehicles when conducting ministerial duties at their houses of worship.

[Learn More](#)



Annual On-Street Parking Permit (AOSPP)

Issued to not-for-profits organizations, which allow vehicles conducting business to park for particular purposes

[Learn More](#)



Street Travel Permit

Permit to allow approved business vehicles to travel on Church Street Bus Way at Battery Park and

[Learn More](#)



Agency Authorized On- Street Parking Permit (AAOSP)

Issued to government employees, teachers and private school facilities to travel between multiple facilities

[Learn More](#)



Express Lane Travel Permit

Issued to companies with ambulances, commuter vans, shuttles, and vehicles bearing bus plates to provide access

[Learn More](#)



Highway Travel Permit

Issued to not-for-profit organizations, summer camps and others using high occupancy vehicles

[Learn More](#)

9/11

9/11 Bus Parking Permit

Issued to Motor Coach Tour Bus operators to park in designated metered bus parking spaces below Houston Street

[Learn More](#)



Single Use On-Street Application (SU)

Issued for a particular purpose in designated parking zones or at specific locations for prearranged periods

[Learn More](#)



Select language

English

Need a parking permit?

Sign in & apply permits today

Username or Email Address

[Forgot Username?](#)

[Forgot Password?](#)

Continue

Your account has been temporarily locked because you have reached the maximum number of unsuccessful attempts. Please try after 1 hour or contact customer support at 111-222-3344 to unlock your account.

Not a user? [Create an Account](#)

Are you a Physician? [Upload Here](#)



FAQ

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

Learn More



Lost or Stolen?

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Learn More



Permanent Vehicle Change (PVC)

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Government Permits

Organization Permits



NYC Parking Permit for People with Disabilities (NYC – PPPD)

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[Learn More](#)



NYS Parking Permit, Blue and Red hang tag (NYS – Hang tag)

Issued to people who are eligible to obtain a New York State parking permit, only if the person is certified by a **physician**

[Learn More](#)



Select language

English

Need a parking permit?

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Username or Email Address

[Forgot Username?](#)

[Forgot Password?](#)

Continue

Your account has been deactivated. Please contact customer support at 111-222-3344 to get more information.

Not a user? [Create an Account](#)

Are you a Physician? [Upload Here](#)



FAQ

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[Learn More](#)



Select language

English

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Username or Email Address

[Forgot Username?](#)

[Forgot Password?](#)

Continue

The email address you entered is not found in APA.

Not a user? [Create an Account](#)

Are you a Physician? [Upload Here](#)



FAQ

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Learn More



Lost or Stolen?

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Learn More



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Issued to people who are eligible to obtain a New York State parking permit, only if the person is certified by a **physician**

[Learn More](#)



Select language

English ▼

Forgot Username?

Please provide the following details. If your profile information is incomplete, please call DOT Customer Support at 111-222-3344.

If you are representing an agency or an organization, your official email address is your Username.

Document Type

Ex: PDF, DOCX etc ▼

Document Number

Ex: 123456

[Cancel](#)[Next](#)



Select language

English ▼

Forgot Password?

Please enter email address or username associated with your account and we'll send a link to reset your password. If you are part of an agency, please contact your admin to reset Password. Please check if your agency is listed [here](#).

Email address

Email address

OR

Username

Username

Please provide answers to the following security questions.

What Street did you grow up on?

Security answer 1

What is the name of your first pet?

Security answer 2

Cancel

Submit

If user enters a Federated Agency Email Address and click Next, the system displays an error message.

If user provides "Username" and click Next, System displays Security Questions that needs to be submitted to reset password.



Select language

English

Please contact your Agency admin to reset password.

Forgot Password?

Please enter email address or username associated with your account and we'll send a link to reset your password. If you are part of an agency, please contact your admin to reset Password. Please check if your agency is listed [here](#).

Email address**OR****Username**

The list of Federated Agencies in APA is opened in a different tab in the browser.



Select language

English

List of Agencies that are already setup in APA

Search by name



Search

Acronym	Agency
ACS/DYFJ	Administration for Children's Services
BOE	Board of Elections
BIC	Business Integrity Commission
CCO	City Clerk Office
CCRB	Civilian Complain Review Board
DOA [DFTA]	Department for the Aging
DOB	Department of Buildings
DCP	Department of City Planning
DCAS	Dep. of Citywide Administrative Services
DCA	Department of Consumer Affairs
DOC	Department of Correction
DDC	Department of Design and Construction
DOE	Department of Education

This list will be dynamic and will show agencies listed in APA federated agency list.



Select language

English

We have sent your username information to the registered email address. Please check your inbox.

Forgot Username?

Please provide the following details. If your profile information is incomplete, please call DOT Customer Support at 111-222-3344.

If you are representing an agency or an organization, your official email address is your Username.

Document Type

Ex: PDF, DOCX etc

Document Number

Ex: 123456

[Cancel](#)[Next](#)



Select language

English ▼

Please check your inbox. We have sent you a link to reset your password.

[Return to Home](#)



Select language

English

Forgot Username?

Please provide the following details. If your profile information is incomplete, please call DOT Customer Support at 111-222-3344.

If you are representing an agency or an organization, your official email address is your Username.

Document Type

Ex: PDF, DOCX etc

Document Number

Ex: 123456

The Document Type/Number you entered does not have an email address associated with it.

Please submit the following details to retrieve your username.

Please provide answers to the following security questions.

What Street did you grow up on?

Security answer 1

What is the name of your first pet?

Security answer 2

Cancel

Submit



Select language

English

Reset Password

Password must be at least 8 characters and must be a combination of upper case, lower case, numbers and special characters.

New password

Repeat new password

Cancel

Reset Password



Select language

English

Your account setup is just a minute away.

[Back](#)

Create Account

Username or Email Address

Username or Email address

Check Availability

Individual Account



You can apply for individual disability permits.

Government Account



You can manage your government agency in a designated role and apply for eligible permits

Organization Account



You can manage your Organization in a designated role and apply for eligible permits

Continue

The Create Account button is disabled until the username/ email address is verified and an will only be enabled if the username or email address is available.

A message pertaining to the availability of username/email address will be displayed here.

If the individual provides an email address (for example gmail address), both the Individual Account and Organization account cards are highlighted for the user.



Select language

English

Thank you for Choosing APA. Select an option that best suits your needs.

[← Back](#)

Create an Account



All users need to create an account. Please use your official email address to create an account if you are representing an organization.

[Create](#)

Register Agency



Please click the button below to register your Agency.

[Learn more about Agency Permits](#)[Register](#)

Register Organization



Please click the button below to register your Organization

[Learn more about Organization Permits](#)[Register](#)

Select language

English

[← Back](#)


Register Government Agency

Lookup Government Agency

Lookup Government Agency

Enter agency code or agency name

 Can't find agency?

Agency Name *

Agency Name

Agency Code *

1234

Agency Information

Agency Type *

 New York City
 New York State
 Federal
 Other Govt. Agency

Street Address *

Street Address

Apt/Flr/Ste Number *

Apt/Flr/Ste Number

Country *

Select from the list

State *

Select from the list

City *

City

Zip *

Zip Code

Borough *

Select from the list

Eligible Permits to Apply (Please select at least one)

 ABPP
 CAPP
 AAOSP
 HTP

Primary Contact Information

First Name *

First Name

Last Name *

Last Name

Middle Name *

Middle Name

Primary Phone Number *

Select from the list

Email Address *

City

Documents to Upload (Click on the document titles to view the corresponding samples)

 Primary Contact Authorization Letter, Letter of Request, Letter from Dept. Education,
 Tax exemption form, IRS Tax Letter, Contract, Medical Document.

Drop your files here

Or

[Browse](#)

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request, Contract,	Lorem Ipsum 
File 2.pdf	Medical Document	Lorem Ipsum 
File 3.pdf	Vehicle Registration Document	Lorem Ipsum 
File 4.pdf	Letter from Dept. of Education	Lorem Ipsum 
File 5.jpg	Letter of Request,	Lorem Ipsum 
File 6.jpg	Select all that apply	Lorem Ipsum 
File 7.jpg	<input type="checkbox"/> Letter of Request	Lorem Ipsum 
File 8.jpg	<input type="checkbox"/> Contract	Lorem Ipsum 
File 9.jpg	<input type="checkbox"/> Medical Document	Lorem Ipsum 
File 9.jpg	<input type="checkbox"/> IRS Tax Letter	Lorem Ipsum 
File 10.jpg	<input type="checkbox"/> Ta Exemption Form	Lorem Ipsum 

I certify that the information contained in this application is correct to the best of my knowledge. I understand that the misrepresentation or omission of facts called for is cause for dismissal of the application or rejection of permit without any prior notice.

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- Depending on which permits you will be applying for the required paperwork will change. A list of needed documents is shown below.

General Instructions

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We respect your privacy and will not use your info for any purposes

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We respect your privacy and will not use your info for any purposes



Select language

English

[Back](#)



Register an Organization

Organization Information

Organization Name *

Organization Name

EIN/Fed Tax ID *

EIN/Fed Tax ID

Organization Type *

Organization Type

Non-Profit Organization

DFTA VAS N/A

Other *

Type here

Street Address *

Street Address

Apt/Flr/Ste Number *

Apt/Flr/Ste Number

Country *

Select from the list

State *

Select from the list

City *

City

Zip *

Zip Code

Borough *

Select from the list

The organization address entered above is not in the USPS repository. Please select this checkbox if you still like to save the changes.

Eligible Permits to Apply (Please select at least one)

NYS PPPD AAOSP AOSPP Single-use On Street Clergy
 Street Travel Highway Travel Express Lane 9/11 Bus

Primary Contact Information

First Name *

First Name

Last Name *

Last Name

Email Address *

Email Address

Contact Number *

Contact Number

Documents to Upload (Click on the document titles to view the corresponding samples)

[Primary Contact Authorization Letter](#), [Letter of Request](#), [Letter from Dept. Education](#),
[Tax exemption form](#), [IRS Tax Letter](#), [Contract](#), [Medical Document](#).

Drop your files here
Or
[Browse](#)

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request, Contract	Lorem Ipsum
File 2.pdf	Medical Document	Lorem Ipsum
File 3.pdf	Vehicle Registration Document	Lorem Ipsum
File 4.pdf	Letter from Dept. of Education	Lorem Ipsum
File 5.jpg	Letter of Request	Lorem Ipsum
File 6.jpg	Select all that apply	Lorem Ipsum
File 7.jpg	<input type="checkbox"/> Letter of Request	Lorem Ipsum
File 8.jpg	<input type="checkbox"/> Contract	Lorem Ipsum
File 9.jpg	<input type="checkbox"/> Medical Document	Lorem Ipsum
File 9.jpg	<input type="checkbox"/> IRS Tax Letter	Lorem Ipsum
File 10.jpg	<input type="checkbox"/> Ta Exemption Form	Lorem Ipsum

I certify that the information contained in this application is correct to the best of my knowledge. I understand that the misrepresentation or omission of facts called for is cause for dismissal of the application or rejection of permit without any prior notice.

Create Organization

General Instructions

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Three possible error messages:
 Address not in USPS Repository
 USPS API down. Address not verified.
 Borough and Zip code mismatch as per GIS data.
 In the database - any address changes will not be over-written but will create new entries in DB (for Auditing purpose) but not on UI.

On click on 'Save', system displays checkbox if address not verified by USPS.
 'Save' button is greyed out until user selects the checkbox.



Select language

English

Upload Medical Documents

All fields on this form are mandatory unless indicated as optional.

Physician Information

First Name

First Name

Last Name

Last Name

License Issued Country

Select from the list

License Issued State

State

License Number

License Number

Applicant Information

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Date of Birth

Select Date

Document Type

Document Type

Document Number

Document Number

Select Permit Type

PPPD State PPPD City

Documents to Upload

Drop your files
Or
[Browse](#)

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request	Lorem Ipsum
File 2.pdf	Medical Document	Lorem Ipsum

Submit

General Instructions

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List contains only two countries:
United States of America and Canada.



Select language

English

Upload Medical Documents

All fields on this form are mandatory unless indicated as optional.

Please check the highlighted errors.

Physician Information

First Name

First Name

Last Name

Last Name

License Issued Country

Select from the list

License Issued State

State

License Number

License Number

Applicant Information

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Date of Birth

Select Date



Document Type

Document Type

Document Number

Document Number

Please select a Document Type

Select Permit Type

PPPD State PPPD City

Documents to Upload

Drop your files

Or

[Browse](#)

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request	Lorem Ipsum
File 2.pdf	Medical Document	Lorem Ipsum

Submit

General Instructions

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- All answers must be in English
- Depending on which permits you will be applying for the required paperwork will change. A list of needed documents is shown below. You must have all the appropriate paperwork signed and

Error message appears at the bottom of the validated field. Attempt of a blank form submission will display error messages on all the form fields.

**Select language**

English

The username of your account is iamjohndoe.

Forgot Username?

Please provide the following details. If your profile information is incomplete, please call DOT Customer Support at 111-222-3344.

If you are representing an agency or an organization, your official email address is your Username.

Document Type

Ex: PDF, DOCX etc

Document Number

Ex: 123456

Please provide answers to the following security questions.

Security answer 1

Security answer 2

Welcome John!

Your account has been created successfully. Please complete your profile.

Account Details

First Name	Last Name
<input type="text" value="John"/>	<input type="text" value="Doe"/>
Middle Name	Username
<input type="text" value="Kite"/>	<input type="text" value="jdoe123"/>
Email Address	
<input type="text" value="Email Address"/>	

Date of Birth, Address and Contact Details

Date of Birth *	
<input type="text" value="Select Date"/> 	
Street Address	Apt/Flr/Ste Number
<input type="text" value="Street Address"/>	<input type="text" value="Apt/Flr/Ste Number"/>
Country	State
<input type="text" value="Country"/> ▾	<input type="text" value="State"/> ▾
City	Zip Code
<input type="text" value="City"/>	<input type="text" value="Zip Code"/>
Borough	Phone Number
<input type="text" value="Borough"/>	<input type="text" value="xxx-xxx-xxxx"/>

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.

We respect your privacy and will not use your info for any purposes

Communication Preference

Communication Method *

Regular Mail Email

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English

Security Questions

Security Question 1	Your Answer
<input type="text" value="Question"/> ▾	<input type="text" value="Answer"/>
Security Question 2	Your Answer
<input type="text" value="Question"/> ▾	<input type="text" value="Answer"/>
Security Question 3	Your Answer
<input type="text" value="Question"/> ▾	<input type="text" value="Answer"/>

General Instructions

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Documents to Upload

Document Type	Document Number
<input type="text" value="Drivers License ID"/> ▾	<input type="text" value="ABC 1234"/>

Document(s)

[Drivers License, State Issued Photo ID, Municipality ID](#)

Drop your files here

Or

[Browse](#)

Uploaded Document	Document Note
 Drivers License.pdf	<input type="text" value="Lorem Ipsum"/> 

I certify that the information contained in this application is correct to the best of my knowledge.

[Complete Profile](#)

If the user created APA account with "Username" alone, the user can add email address in the Profile page.

Email option will be disabled if there is no email added in the system during account creation.

Security questions will be captured on the Account Creation page incase the user chooses to create an account with Username.

In that case, Security Questions will be prepopulated and can be edited.



Application submitted Successfully!

Here's Next...

1. Please check your email for confirmation your application has been received.
2. Your application will be reviewed by DOT. The process will take up to two weeks.
3. You will be notified by email upon approval or rejection of your application.



Select language

Upload Medical Documents

All fields on this form are mandatory unless indicated as optional.

You have successfully submitted the medical documents.

Physician Information

First Name

Last Name

License Issued Country

License Issued State

License Number

Applicant Information

First Name

Last Name

Middle Name

Date of Birth

Document Type

Document Number

Select Permit Type

PPPD State PPPD City

Documents to Upload

Drop your files

Or

[Browse](#)

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request	Lorem Ipsum
File 2.pdf	Medical Document	Lorem Ipsum

Submit

General Instructions

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Select language

English ▼

[← Back](#)



Individual Account

Profile Details

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Username

Jdoe123

✓ This username is available.

Password

Password

Confirm Password

Confirm Password

Security Questions

Security Question 1

Question ▼

Your Answer

Answer

Security Question 2

Question ▼

Your Answer

Answer

Security Question 3

Question ▼

Your Answer

Answer

I certify that the information contained in this application is correct to the best of my knowledge.

Create Account

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.

We respect your privacy and will not use your info for any purposes

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.
- We respect your privacy and will not use your info for any purposes

A message pertaining to the availability of username/email address will be displayed here.

All the validations happening for this field in the user journey will happen on this page as well.



Account created Successfully!

Here's Next...

1. Please [Sign in](#) with your new credentials.
2. Complete your profile information.
3. Start applying for permits.



Select language

English

Your account setup is just a minute away.

[← Back](#)

Government Account

Your agency is already setup in APA and you can login with your agency credentials. Please click Continue to Sign in.

You can represent your government agency in one or more designated roles. [Know what all you can do in APA.](#)



Contact

- Register/manage your agency.
- Add divisions to your agency.
- Assign liaisons to divisions.



Liaison

- Apply for agency permits.
- Track the status of your permit applications.



Approver

- Review ABPP Permit Application for private vehicles
- Track the status of ABPP permit applications.

This text link will open a new tab explaining different roles in the APA system.

[Continue](#)



Select language

English ▼

[← Back](#)



Individual Account

Profile Details

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Username

Jdoe123

Sorry, this username is taken just now. Please type another one.

Password

Password

Confirm Password

Confirm Password

Security Questions

Security Question 1

Question ▼

Your Answer

Answer

Security Question 2

Question ▼

Your Answer

Answer

Security Question 3

Question ▼

Your Answer

Answer

I certify that the information contained in this application is correct to the best of my knowledge.

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.

We respect your privacy and will not use your info for any purposes

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.
- We respect your privacy and will not use your info for any purposes

A message pertaining to the availability of username/email address will be displayed here.

All the validations happening for this field in the user journey will happen on this page as well.

The Create Account button is disabled until the user provides all correct information or if the user is found to be a Federated account holder during the validation.

Create Account



Select language

English

Your account setup is just a minute away.

[Back](#)

Create Account

Username or Email Address

Username or Email address

Check Availability

Individual Account



You can apply for individual disability permits.

Government Account



You can manage your government agency in a designated role and apply for eligible permits

Organization Account



You can manage your Organization in a designated role and apply for eligible permits

Continue

A message pertaining to the availability of username/email address will be displayed here.

The Create Account button is disabled until the username/ email address is verified and an will only be enabled if the username or email address is available.

Welcome John!

Your account has been created successfully. Please complete your profile.

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Username/Email Address

jdoe@email.com

Date of Birth, Address and Contact Details

Date of Birth *

1/16/1070



Street Address

100 Happy Ave

Apt/Flr/Ste Number

Apt 300

Country

United States of America ▾

State

New York ▾

City

New York

Zip Code

10011

Borough

Staten Island

Phone Number

111-222-3344

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.

We respect your privacy and will not use your info for any purposes

Communication Preference

Communication Method *

 Regular Mail Email

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English

Security Questions

Security Question 1

Question ▾

Your Answer

Answer

Security Question 2

Question ▾

Your Answer

Answer

Security Question 3

Question ▾

Your Answer

Answer

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.
- We respect your privacy and will not use your info for any purposes

Documents to Upload

Document Type

Drivers License ID ▾

Document Number

ABC 1234

The Document Type and Document Number you entered are already present in APA. Please ensure you enter unique information.

Document(s)

Drivers License, State Issued Photo ID, Municipality ID

Drop your files here

Or

[Browse](#)

Uploaded Document



Drivers License.pdf

Document Note

Lorem Ipsum

 I certify that the information contained in this application is correct to the best of my knowledge.[Complete Profile](#)

Email option will be disabled if there is no email added in the system during account creation.



Select account

Individual - Parking Permits ▾

Add Organization

- Dashboard
- Applications
- Permits
- Documents

Summary of Applications and Permits

<p>Applications - Need more Information</p> <p>No Data Available</p>	<p>Permits - Intended to Revoke</p> <p>No Data Available</p>
---	---

Applications Overview by Status

Go to [Applications](#) to start a new Application.

Permits Overview by Status

No Data Available.

Select account

Individual - Parking Permits ▾

Add Organization

Dashboard Applications Permits Documents

My Profile

Edit Profile

Reset Password

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Username

jdoe123

Email Address

jdoe123@email.com

 Please click on the verification link sent to your email address. [Resend Email Verification Link.](#)

Date of Birth, Address and Contact Details

Date of Birth

1/16/1070

Street Address

100 Happy Ave

Apt/Flr/Ste Number

Apt 300

Country

United States of America ▾

State

New York ▾

City

New York

Zip Code

10011

Borough

Staten Island ▾

Phone Number

111-222-3344

Communication Preference

 Regular Mail

 Email

Security Questions

Security Question 1

Question ▾

Your Answer

Answer

Security Question 2

Question ▾

Your Answer

Answer

Security Question 3

Question ▾

Your Answer

Answer

Documents Information

Document Type

Drivers License ID ▾

Document Number

ABC 1234

[Hide Documents History](#)

Document Type	Submission Date	Document Number	Status	Status Effective Date
Drivers License ID	1/30/2020	ABC1234	Active	1/30/2020
Municipality ID	1/30/2019	123 456 789	Inactive	12/31/2019
State ID	1/30/2018	999 888 7766	Inactive	12/31/2018

If the user created APA account with "Username" alone, the user will have a provision to add email address in the Account Details section upon clicking on Edit button.

Upon clicking on Save Changes a note is displayed about the verification link sent to the user's email address.

Resend Verification Link button appears on the page for 48 hours.



Select account

Individual - Parking Permits

[Add Organization](#)

[Dashboard](#)

[Applications](#)

[Permits](#)

[Documents](#)

My Profile

Reset Password

Password must be at least 8 characters and must be a combination of upper case, lower case, numbers and special characters.

New password

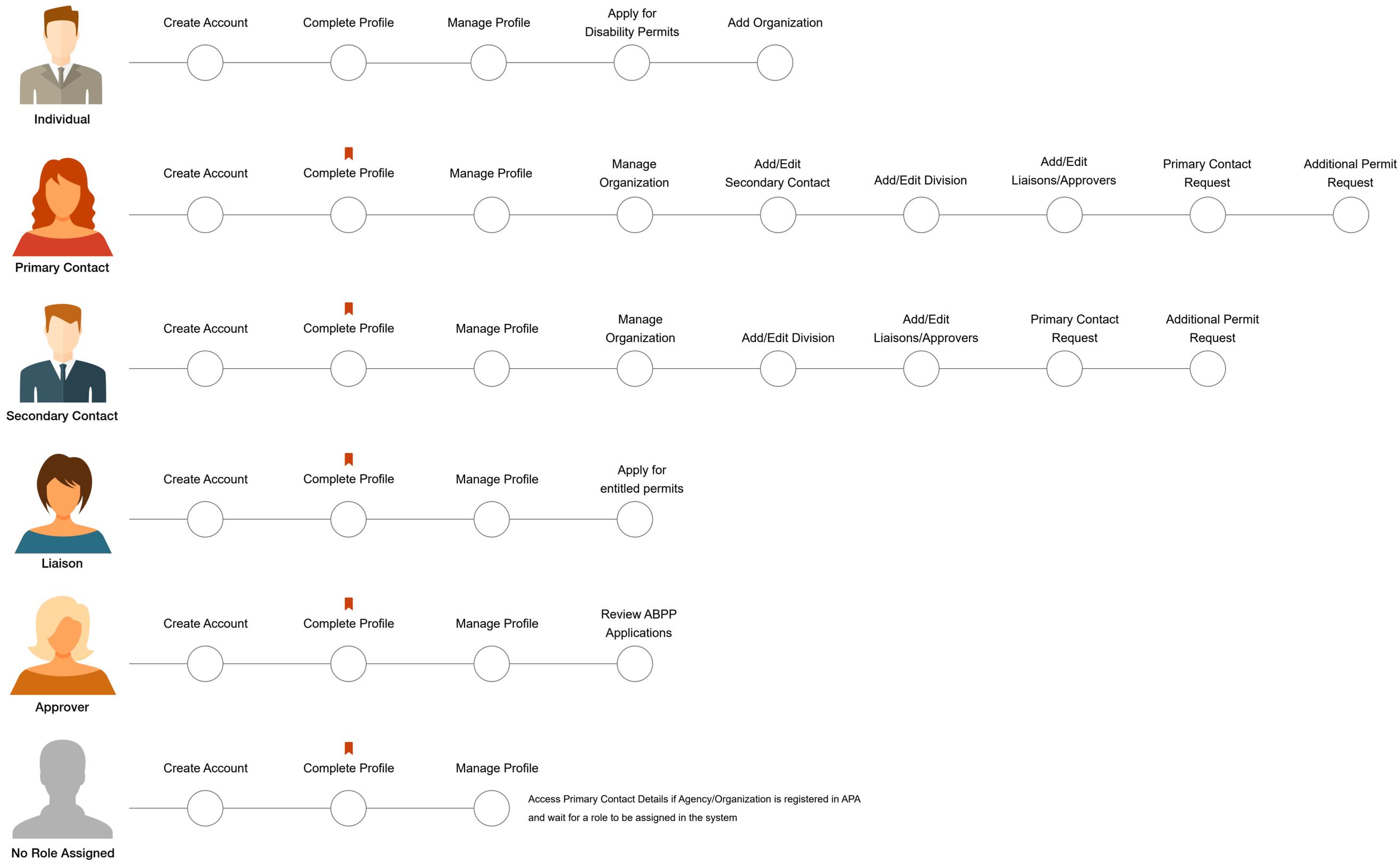
Repeat new password

[Cancel](#)

[Reset Password](#)

Know what all you can do in APA

Complete Profile step is NOT APPLICABLE to GOVERNMENT AGENCY USERS.





Select language

English ▾

Your account setup is just a minute away.

[← Back](#)

 **Government Account**

You can represent your government agency in one or more designated roles. [Know what all you can do in APA.](#)

A message pertaining to the availability of username/email address will be displayed here.



Contact

- Register/manage your agency.
- Add divisions to your agency.
- Assign liaisons to divisions.



Liaison

- Apply for agency permits.
- Track the status of your permit applications.



Approver

- Review ABPP Permit Application for private vehicles
- Track the status of ABPP permit applications.

Continue



Select language

English ▾

[← Back](#)



Government Account

Profile Details

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Email Address

Jdoe@doc.nyc.gov

✓ This email address is available.

Password

Password

Confirm Password

Confirm Password

I certify that the information contained in this application is correct to the best of my knowledge.

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.

We respect your privacy and will not use your info for any purposes

Create Account

A message pertaining to the availability of username/email address will be displayed here.

All the validations happening for this field in the user journey will happen on this page as well.

The Create Account button is disabled until the user provides all correct information or if the user is found to be a Federated account holder during the validation.



Select language

English

Your account setup is just a minute away.

[Back](#)

Create Account

Username or Email Address

Username or Email address

Check Availability

Individual Account



You can apply for individual disability permits.

Government Account



You can manage your government agency in a designated role and apply for eligible permits

Organization Account



You can manage your Organization in a designated role and apply for eligible permits

Continue

A message pertaining to the availability of username/email address will be displayed here.

The Create Account button is disabled until the username/email address is verified and an will only be enabled if the username or email address is available.



Select language

English

[Back](#)



Organization Account

Profile Details

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Email Address

Jdoe@smilefoundation.com

✓ This email address is available.

Password

Password

Confirm Password

Confirm Password

I certify that the information contained in this application is correct to the best of my knowledge.

General Instructions

- Form should take 5-10 minutes to complete
- All answers must be in English
- You will need to upload a photo of a drivers license, state ID, or municipal ID to prove your identity.

We respect your privacy and will not use your info for any purposes

Create Account

A message pertaining to the availability of username/email address will be displayed here.

All the validations happening for this field in the user journey will happen on this page as well.

The Create Account button is disabled until the user provides all correct information or if the user is found to be a Federated account holder during the validation.



Select account

Primary Liaison - DOHMH (HR) ▾

Add Organization

[Dashboard](#) [Applications](#) [Permits](#) [Documents](#)

Summary of Applications and Permits

Applications - Need more Information

No Data Available

Permits - Intended to Revoke

No Data Available

Applications Overview by Status

Go to [Applications](#) to start a new Application.

Permits Overview by Status

No Data Available.



Select account

Primary Liaison - DOHMH (HR) ▾

Add Organization

Dashboard Applications Permits Documents

My Profile

Edit Profile

Reset Password

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Email Address

jdoe@dohmh.nyc.gov



Select language

English ▾

Your account setup is just a minute away.

[← Back](#)

 **Organization Account**

You can represent your Organization in one or more designated roles. [Know what all you can do in APA.](#)

This text link will open a new tab explaining different roles in the APA system.



Contact

- Register/manage your Organization and add divisions.
- Assign liaisons to divisions.



Liaison

- Apply for Organization permits.
- Track the status of your permit applications.



Individual

- Apply for individual disability permits.
- Track the status of permit applications.

Continue



Account created Successfully!

Here's Next...

1. Please check your email for confirmation of your account creation.
2. You will find a link in the email which upon clicking will take you to your newly created account.
3. You can then Sign in with your new credentials and complete your profile.



My Profile

[Edit Profile](#)[Reset Password](#)

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Email Address

jdoe@dohmh.nyc.gov

Except email address all other fields can be updated upon clicking on Edit Profile button.



Please reach out to your agency's Primary Contact, "Adriana Ocampo: aocampo@doc.nyc.gov" to assign you a role in APA.



My Profile

[Edit Profile](#)[Reset Password](#)

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Email Address

jdoe@dohmh.nyc.gov

Except email address all other fields can be updated upon clicking on Edit Profile button.



Your agency is not registered in APA. Please register your agency.



Sign in

Email, phone, or Skype

[Can't access your account?](#)

[Sign-in options](#)

Back

Next



Select account

Primary Liaison - DOC (IT) ▾

Add Organization

Dashboard Applications Permits Documents

My Profile

Edit Profile

Reset Password

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Email Address

jdoe@doc.nyc.gov



My Profile

Account Details

First Name

John

Last Name

Doe

Middle Name

Kite

Username/Email Address

jdoe@email.com

Profile page of a federated account holder will only contain Account Details.

Roles & Permits Assigned

Roles	Permits
Supervisor	NYS PPPD, NYC PPPD, AAOSP, ABPP, CAPP, Express Lane, Street Travel, Clergy
Coordinator	NYS PPPD, NYC PPPD, AAOSP, ABPP
Print Shop User	Non Permit Specific
Inventory Supervisor	Non Permit Specific



Manage Federated Agencies

Add Agency and Edit Agency actions will open a blank and pre-filled pop-up dialogs with same form fields respectively.

Agency Name ↕	Agency Code ↕	Domain ↕	Domain Hint ↕	Login Hint ↕	Actions
Administration for Children's Services	001	acs.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Board of Elections	002	boe.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Business Integrity Commission	003	bic.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
City Clerk Office	004	cco.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Civilian Complain Review Board	005	ccrb.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department for the Aging	006	da.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Buildings	007	dob.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Dep. of Citywide Administrative Services	008	docas.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Consumer Affairs	009	doca.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Correction	010	doc.nyc.gov	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Design and Construction	011	NY.GOV	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Education	012	NY.GOV	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Environmental Protection	013	NY.GOV	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Department of Finance	014	NY.GOV	https://www.dot.nyc.gov/login	Lorem ipsum	Edit
Division of Human Rights-NYS	015	NY.GOV	https://www.dot.nyc.gov/login	Lorem ipsum	Edit



Applications Processing

Dashboard

Manage Federation Page

Agency Name	Agency Code	Domain	Login Hint	Actions
Agency Name of New York State	001	NY.GOV	https://www.dot.nyc.gov/login	Edit
Agency Name of New York State	002	NY.GOV	https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit
Agency Name of New York State			https://www.dot.nyc.gov/login	Edit

Add Agency ✕

Agency Name

Agency Code

Domain

Domain Hint

Login Hint