

Select language

English

## Need a parking permit?

Sign in & apply permits

Username / Email Address

[Forgot Username?](#)

[Forgot Password?](#)

**Continue**

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

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



### Lost or Stolen?

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

[Learn More](#)

#### ^ For Individuals



### 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 has a disability that severely and permanently impairs mobility

[Learn More](#)

#### ✓ For Government Agencies

#### ✓ For External Organizations

Select language

English

## Need a parking permit?

Sign in & apply permits

Username / Email Address

[Forgot Username?](#)

[Forgot Password?](#)

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

**Continue**

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

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



### Lost or Stolen?

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[Learn More](#)

▼ For Individuals

▲ For Government Agencies



### 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](#)

▼ For External Organizations

Select language

English

## Need a parking permit?

Sign in & apply permits

Username / Email Address

[Forgot Username?](#)

[Forgot Password?](#)

**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.**

**Continue**

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

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



### Lost or Stolen?

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▼ For Individuals

▲ For Government Agencies



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▼ For External Organizations



**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

**Physician License Number**

Physician License Number

**Physician License State**

Physician License State

**Applicant Information**

**First Name**

First Name

**Middle Name**

Last Name

**Last Name**

Last Name

**Date of Birth**

Date of Birth



**Identification Document Type**

United States ▼

**Identification Document Number**

Document Number

**Select Permit Type**

PPPD State     PPPD City

**Documents to Upload**

[Medical Certificate](#)    [Photo of Disability Plate](#)  
[Tax Document](#)

**Browse**

Uploaded Document	File Type	
<a href="#">File 1.pdf</a>	Disability Plate ▼	
Document note		
<a href="#">File 1.pdf</a>	Disability Plate ▼	
Document note		
<a href="#">File 1.pdf</a>	Disability Plate ▼	
Document note		

**Submit**

## Select language

English



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

[< Back](#)

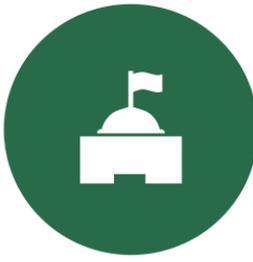
## Create an Account



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



Your account setup is just a minute away.

[Back](#)

## Create an Account

Username or Email Address

Username or Email Address

This username is available.

[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](#)



## Select language

English

[Back](#)

## Create an Account

## Profile Details

[View 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

## First Name

First Name

## Last Name

Last Name

## Middle Name

Middle Name

## Username

Jdoe@123

✓ This username is available.

## Password

Password

## Confirm Password

Confirm Password

## Security Questions

[View General Instructions](#)

## Security Question 1

Document Type

## Your Answer

Answer

## Security Question 2

Document Type

## Your Answer

Answer

## Security Question 3

Document Type

## Your Answer

Answer

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



## Select language

English

[Back](#) **Create an Account****Profile Details**[View General Instructions](#)

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Username

Jdoe@123

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

Password

Password

Confirm Password

Confirm Password

**Security Questions**[View General Instructions](#)

Security Question 1

Document Type

Your Answer

Answer

Security Question 2

Document Type

Your Answer

Answer

Security Question 3

Document Type

Your Answer

Answer

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

**Create Account**



## 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

**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**

Document Type

**Document Number**

Document Number

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

**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 info 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**

Document Type

**Document Number**

Document Number

Cancel

Next

**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**

Document Type

**Document Number**

Document Number

**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****Next**

**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**

Document Type

**Document Number**

Document Number

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](#)[Next](#)

Select language

English ▼

[Back](#)

**Register Government Agency**

**Lookup Government Agency**

[View General Instructions](#)

**Lookup Government Agency**

Enter agency code or agency name

**Can't find Agency?**

**Agency Name**

Agency Name

**Agency Code**

Agency Code

**Agency Information**

[View General Instructions](#)

**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**

United States ▼

**State**

New York ▼

**City**

City

**ZIP/Postal Code**

ZIP/Postal Code

**Borough**

Borough ▼

**Eligible Permits to Apply**

(Please select at least one)

[View General Instructions](#)

- HTP**
- AAOSP**
- ABPP**
- CAPP**

**Primary Contact Details**

[View General Instructions](#)

**First Name**

First Name

**Last Name**

Last Name

**Email Address**

Email Address

**Contact Number**

Contact Number

**Permit Documents**

[View General Instructions](#)

Select Files

Uploaded File	File Type	
<a href="#">File 1.pdf</a>	Select file type ▼	
<hr/> Document note		

<a href="#">File 1.pdf</a>	Disability Plate ▼	
<hr/> Document note		

<a href="#">File 1.pdf</a>	Disability Plate ▼	
<hr/> Document note		

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 Agency**

Select language

English ▼

[Back](#)

 **Register an Organization**

**Organization Information**

[View General Instructions](#)

**Organization Name**

First Name

**Street Address**

Street Address

**Apt/Flr/Ste Number**

Apt/Flr/Ste Number

**Country**

United States ▼

**State**

New York ▼

**City**

City

**ZIP/Postal Code**

ZIP/Postal Code

**Borough**

Borough ▼

**Eligible Permits to Apply**

(Please select at least one)

[View General Instructions](#)

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

**Organization Type**

Select Organization Type ▼

**Non-Profit Organization**

- DFTA
- VAS
- N/A

**Primary Contact Details**

[View General Instructions](#)

**First Name**

First Name

**Last Name**

Last Name

**Email Address**

Email Address

**Contact Number**

Contact Number

**Permit Documents**

[View General Instructions](#)

Select Files

Uploaded File	File Type	
<a href="#">File 1.pdf</a>	Select file type ▼	
Document note		
<a href="#">File 1.pdf</a>	Disability Plate ▼	
Document note		
<a href="#">File 1.pdf</a>	Disability Plate ▼	
Document note		

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**



## Select language

English



Your account setup is just a minute away.

[Back](#)

## Create an Account

Username or Email Address

Username or Email Address

This email address is available.

[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](#)

Select language

English

[← Back](#)

## Government Account

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.

[Continue](#)

Select language

English

[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.

[Continue](#)



## Select language

English

[Back](#)

## Government Account

## Profile Details

[View 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

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Username

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.

[Create Account](#)

**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

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

Next



## 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

**Select language**

English



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

[Return to Home](#)

**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](#)[Next](#)

Select language

English



Your account setup is just a minute away.

[Back](#)

## Create an Account

Username or Email Address

Username or Email Address

This email address is available.

[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](#)

Select language

English

[← Back](#)

## Organization Account

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



### Contact

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



### Liaison

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



### Approver

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

[Continue](#)



## Select language

English

[Back](#)

## Organization Account

## Profile Details

[View 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

First Name

First Name

Last Name

Last Name

Middle Name

Middle Name

Username

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.

[Create Account](#)



## 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.



**Lost or Stolen?**

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

[Learn More](#)

▼ For Individuals

▲ For Government Agencies



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