



Select account

Individual - Parking Permits ▾

Add Organization

Dashboard Applications Permits Documents

Summary of Applications and Permits

Applications - Need more Information		Permits - Intended to Revoke	
NYC PPPD	NYS PPPD	NYC PPPD	NYS PPPD
1	1	0	0

Applications Overview by Status

	Draft	In-progress	Approved	Rejected / Closed
NYC Parking Permit for People with Disabilities	6	1	5	2
NYS Parking Permit for People with Disabilities	8	1	3	5

Permits Overview by Status

	Active	Expired	Revoked/ Suspended	Never Received Lost/Stolen/Damaged
NYC Parking Permit for People with Disabilities	1	11	0	2
NYS Parking Permit for People with Disabilities	1	8	0	0

Suspended permits will be re-activated once suspension time is over.

For individual there will 1 permit in either of the status (active/revoked/suspended)



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Individual - Parking Permits ▾

Add Organization

Dashboard Applications Permits Documents

Applications

Application Type: All ▾
Application Status: All ▾
Permit Type: All ▾
Apply Filters
Start New Application

Application ID ↕	Permit Type ↕	Application Type ↕	Last Modified Date ↕	Application Status ↕	Actions
NYS-PPPD001	NYS PPPD	New	11/30/2019	Rejected	Clone
NYS-PPPD002	NYS PPPD	New	11/30/2019	Rejected	Clone
NYS-PPPD003	NYS PPPD	New	11/30/2019	Draft	Clone Delete
NYS-PPPD004	NYS PPPD	Renewal	11/30/2019	In Progress	Clone
NYS-PPPD005	NYS PPPD	New	11/30/2019	Draft	Clone Delete
NYS-PPPD006	NYS PPPD	Renewal	11/30/2019	In Progress	Clone

For Release 1 this button is disabled as APA supports only HTP for the current release.



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Dashboard Applications Permits Documents

Permits

Search by Application ID 🔍

Application Status

All ▾

Permit Type

All ▾

Apply Filters

Application ID ↕	Permit Type ↕	Permit Number ↕	Permit Effective Date ↕	Permit Expiration Date ↕	Permit Status ↕	Actions
NYS-PPPD001	NYS PPPD	99999	11/30/2019	10/01/2020	Active	Select an action ▾
NYC-PPPD001	NYC PPPD	88888	12/31/2019	01/31/2021	Active	Select an action ▾



Select account

Individual - Parking Permits ▾

Add Organization

Dashboard Applications Permits Documents

Documents

Upload New

Drop your files here

Or

[Browse](#)

The following files are already uploaded in the same year. Please rename them and upload again.

- Filename1.pdf, Filename2.pdf, Filename3.pdf, Filename4.pdf

File Type
Filter by Uploaded Year

Apply Filters

Link to Document ↕	Application ID ↕	File Type	Uploaded by ↕	Uploaded Date ↕	Modified by ↕	Modified Date ↕	Notes	Actions
Filename.pdf	NYSPPPD -001	Document A, Document B	John Doe	11/27/2019	Jane Doe	11/27/2019	Lorem Ipsum	
Filename.pdf	NYSPPPD -001	Document C, Document D	John Doe	11/27/2019	Jane Doe	11/27/2019	Lorem Ipsum	
Filename.pdf		Document X, Document Y	John Doe	11/27/2019			Lorem Ipsum	Edit Delete



Select account

Individual - Parking Permits ▾

Add Organization

- Dashboard
- Applications
- Permits
- Documents**

Documents

Upload New

Drop your files here
Or
[Browse](#)

The following files are already uploaded in the same year. Please rename them and upload again.

- Filename1.pdf, Filename2.pdf, Filename3.pdf, Filename4.pdf

File Type:
Filter by Year:

Link to Document ↕	Application ID ↕	File Type	Uploaded by ↕	Uploaded Date ↕	Modified by ↕	Modified Date ↕	Notes	Actions
Filenamefilenamefile enamefilenameFile namefilenamefilena mefilenamefile ...	NYSPPPD -001	Document A, Document B, Document C, Document D, Document E, Document F +5 more	John Doe	11/27/2019	Jane Doe	11/27/2019	Lorem Ipsum Lorem Ipsum Ipsum Lorem Ipsum Lorem Ipsum Read more	
Filename.pdf	NYSPPPD -001	Document C, Document D	John Doe	11/27/2019	Jane Doe	11/27/2019	Lorem Ipsum	
Filename.pdf		Document X, Document Y	John Doe	11/27/2019			Lorem Ipsum	Edit Delete
Filenamefilenamefil enamefilenameFile namefilenamefilena mefilenamefile.pdf	NYSPPPD -001	Document A, Document B, Document C, Document D, Document E, Document F +5 more	John Doe	11/27/2019	Jane Doe	11/27/2019	Lorem Ipsum Lorem Ipsum Ipsum Lorem Ipsum Lorem Ipsum Read more	

Longer filenames can include ellipsis, which on a hover displays the full file name.



Select account

Individual - Parking Permits

Add Organization

- Dashboard
- Applications**
- Permits
- Documents

Applications

Search...

Application Type

Status

Permit Type

Apply Filters

Start New Application

Application ID	Permit	Status	Actions
NYC-PPPD001	NYC PP		Clone Delete
NYC-PPPD002	NYC PP		Appeal Clone Delete
NYS-PPPD001	NYS PP		Clone Delete
NYC-PPPD001	NYC PP		Clone
NYS-PPPD001	NYS PP		Clone Delete
NYC-PPPD001	NYC PP		Clone

Select Permit Type

NYC Parking Permit for People with Disabilities (NYCPPPD)

NYS Parking Permit for People with Disabilities (NYSPPPD)

👉 Your profile address shows that you are not part of any of the five boroughs, which makes you ineligible to apply for NYS PPPD permit.

Next

For Release 1 this button is disabled as APA supports only HTP for the current release.

NYS Parking Permit for People with Disabilities

Select language
English

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

Applicant Profile Information

First Name John	Middle Initial Middle Initial
Last Name Doe	Date of Birth 10/18/1970
Document Type Drivers License	Document Number ABC1234
Street Address 55 Water Street	Apt/Flr/Ste Number Floor 7
Country United States	State New York
City New York	Zip Code 10041
Borough Brooklyn	

Basic Applicant Information

Gender
Select from the list

Do you have license plates for persons with disabilities?
 Yes No

License Plate Number
License Plate Number

Check here to indicate that you are the parent or guardian of the applicant.

Relationship to the applicant
Relationship

Medical Certification

Temporary Disabilities may be certified only by a Medical Doctor or Doctor of Osteopathy. Permanent Disabilities may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), Doctor of Podiatric Medicine (DPM), or Optometrist (OD)

Temporary Disability Permanent Disability

Temporary Disability
(A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. IMPORTANT: Temporary permits are issued for 6 months or less regardless of expected recovery date)

Expected Recovery Date
Select Date

Diagnosis
Type here...

Assistive Device Needed
Examples: brace, cane, crutch, prosthetic device, another person, wheelchair or walker

Do you have an obvious visually-identifiable disability (such as the loss of a leg)?
 Yes No

You are eligible for a waiver on the submission of medical certification. However, you must visit DOT office in-person to initiate the application processing.

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.)

Diagnosis
Type here...

Select 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 condition (American Heart Assoc. 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 unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

Explanation on how this disability limits functional mobility
Type here...

Doctor Information

Doctor Name Doctor Name	Professional License Number Professional License Number
License Issued State State	Doctor Type Select from the list
Telephone Number xxx-xxx-xxxx	Street Address Street Address
Apt/Flr/Ste Number Apt/Flr/Ste Number	Country Country
State State	City City
Zip Code Zip Code	Borough Borough

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

Supporting Documents

[Medical Certificate](#) [Tax Document](#)

Drop your files here
Or
[Browse](#)

Existing Documents

Click on the add button to add the corresponding file. You can add the same file multiple times by clicking the add button.

File Name	Date
File 1.pdf Letter of Request	11/27/2019 1:30 PM
File 2.pdf Medical Document	11/27/2019 1:30 PM
File 3.pdf Tax Exemption	11/27/2019 1:30 PM
File 4.pdf IRS Tax Letter	11/27/2019 1:30 PM
File 5.pdf Letter of Request	11/27/2019 1:30 PM
File 6.pdf Contract	11/27/2019 1:30 PM

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request	Type here
File 1.pdf	Medical Document	Type here

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.

Cancel Save as Draft Submit

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. You must have all the appropriate paperwork signed and scanned for uploading to complete the form
- We respect your privacy and will not use your info for any purposes

When user clicks on this link a blank application form is downloaded.

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.

The License Plate Number field is displayed ONLY when the user chooses "Yes" And Medical Certification section will not be shown.

Selection of this checkbox will display "Relationship to the applicant" field

Selection of these radio buttons will display the corresponding disability section.

Selection of Permanent disability radio button on the top will display this question and the corresponding note upon selecting "Yes".
Filling the "Permanent Disability" section is optional.

All the address validations are applicable for Doctor information section as well.

NYS Parking Permit for People with Disabilities

Select language

English

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

Download Application

Applicant Profile Information

First Name Middle Initial
John Middle Initial

Last Name Date of Birth
Doe 10/18/1970

Document Type Document Number
Drivers License

Street Address
55 Water Street

Country
United States

City
New York

Borough
Brooklyn

Basic Applicant Information

Gender
Select from the list

Do you have license plates for persons with disabilities?

Yes No

License Plate Number
License Plate Number

Check here to indicate that you are the parent or guardian of the applicant.

Relationship to the applicant
Relationship

Medical Certification

Temporary Disabilities may be certified only by a Medical Doctor or Doctor of Osteopathy.
Permanent Disabilities may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), Doctor of Podiatric Medicine (DPM), or Optometrist (OD)

Temporary Disability Permanent Disability

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(A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. IMPORTANT: Temporary permits are issued for 6 months or less regardless of expected recovery date)

Expected Recovery Date
Select Date

Diagnosis
Type here...

Assistive Device Needed
Examples: brace, cane, crutch, prosthetic device, another person, wheelchair or walker

Do you have an obvious visually-identifiable disability (such as the loss of a leg)?

Yes No

You are eligible for a waiver on the submission of medical certification. However, you must visit DOT office in-person to initiate the application processing.

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Diagnosis
Type here...

Select 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 condition (American Heart Assoc. 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 unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

Explanation on how this disability limits functional mobility
Type here...

Doctor Information

Doctor Name Professional License Number
Doctor Name Professional License Number

License Issued State Doctor Type
State Select from the list

Telephone Number Street Address
xxx-xxx-xxxx Street Address

Apt/Flr/Ste Number Country
Apt/Flr/Ste Number Country

State City
State City

Zip Code Borough
Zip Code Borough

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

Supporting Documents

[Medical Certificate](#) [Tax Document](#)

Drop your files here
Or
[Browse](#)

Existing Documents

Click on the add button to add the corresponding file. You can add the same file multiple times by clicking the add button.

Search by file name or file type

- [File 1.pdf](#) Letter of Request Date: 11/27/2019 1:30 PM
- [File 2.pdf](#) Medical Document Date: 11/27/2019 1:30 PM
- [File 3.pdf](#) Tax Exemption Date: 11/27/2019 1:30 PM
- [File 4.pdf](#) IRS Tax Letter Date: 11/27/2019 1:30 PM
- [File 5.pdf](#) Letter of Request Date: 11/27/2019 1:30 PM
- [File 6.pdf](#) Contract Date: 11/27/2019 1:30 PM

Uploaded File	File Type	Notes
File 1.pdf	Letter of Request	Type here
File 1.pdf	Medical Document	Type here

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Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Applicant Status | In Progress

<p>Applicant Name View Applicant Details ⚠</p> <input type="text" value="John Doe"/>	<p>Doctor Name View Doctor Details ⚠</p> <input type="text" value="Doctor Strange"/>	<p>Application Review Progress</p> <ul style="list-style-type: none"> 3/29/2019 ● DOT Initial Review 3/27/2019 ● NMI Submission 3/24/2019 ● Need more information (NMI) 3/22/2019 ● DOT Initial Review 3/18/2019 ● Application Submission
<p>License Plate Number</p> <input type="text" value="No Plate"/>	<p>Professional License Number Verify Doctor</p> <input type="text" value="102082"/> <input type="checkbox"/> Verified	
<p>Disability visually identifiable?</p> <input type="text" value="No"/>	<p>Qualified Hang Tag</p> <div style="display: flex; gap: 10px;"> </div>	
<p>View Application History</p>		

Application Information Documents

Recategorize files / Upload

Document Category	Files Uploaded	Uploaded by	Uploaded Date	Notes
Medical Certificate	File name 1. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
	File name 2. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
	Filenamefilenamefil enamefilenameFile amefilenamefilenam efilenamefile3.pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Read more
Picture of Applicant	File name 1. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
Disability License Plate	File name 1. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
	Filenamefilenamefil enamefilenameFile amefilenamefilenam efilenamefile.pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Read more
	File name 5. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
Letter of Request	File name 6. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
	File name 7. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
Vehicle Insurance	File name 8. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
	File name 9. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
Vehicle Registration	File name 10. pdf	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem

Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Applicant Status | In Progress

Applicant Name View Applicant Details  <input type="text" value="John Doe"/> Address not validated.	Doctor Name View Doctor Details  <input type="text" value="Doctor Strange"/> Address not validated.	Application Review Progress <ul style="list-style-type: none"> 3/29/2019 ● DOT Initial Review 3/27/2019 ● NMI Submission 3/24/2019 ● Need more information (NMI) 3/22/2019 ● DOT Initial Review 3/18/2019 ● Application Submission
License Plate Number <input type="text" value="No Plate"/>	Professional License Number Verify Doctor <input type="text" value="102082"/>  <input type="checkbox"/> Verified	

Application Information Documents

 This applicant has already been issued three consecutive temporary permits.

Medical Certification

Temporary Disability

Expected Recovery Date

Diagnosis

Assistive Device Needed

Permanent Disability

Diagnosis

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 condition (American Heart Assoc. 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 unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

Explanation on how this disability limits functional mobility

Hide Previous Notes

Approve Notes **Reject Notes** **Need more information Notes** **Processing Team Notes** **Other DOT Notes**

Added by: DOT Supervisor *Date: 11/27/2019 1:30 PM*

Added by: DOT Supervisor *Date: 11/27/2019 1:30 PM*

Added by: DOT Supervisor *Date: 11/27/2019 1:30 PM*

Processing Team Notes *(maximum of 1000 characters)*

Decision Notes *(maximum of 1000 characters)*

Approve **Reject** Need more information

Reason

Depending upon the user entry this field wither display a plate number of a text "No Plate".

This flag appears if the applicant is issued three consecutive permits.

On hover, displays a container with the message

The reviewer cannot proceed to review the application unless the Doctor info is verified.

Either Red or Blue hang tag is displayed based on the medical certification submitted by the applicant.

Current review state must be shown on top on the review timeline. A maximum of five states can be accommodated on the widget. The remaining can be hidden and accessible through scroll bar. Till five states no scroll bar needed.

Selection is NOT defaulted to any radio button.

Selection of Reject or NMI displays a 'Reason' dropdown allowing the user to select a reason title.

The Reason drop-down should be multi-select.

The corresponding text for the selected reason is displayed in the text box below, which can further be edited by the user.

Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Applicant Status | In Progress

Applicant Name [View Applicant Details](#) ⚠

John Doe

Address not validated.

Doctor Name [View Doctor Details](#) ⚠

Doctor Strange

Address not validated.

License Plate Number

No Plate

Professional License Number [Verify Doctor](#)

102082

 Verified

Disability visually identifiable?

No

Qualified Hang Tag

[View Application History](#)

Application Review Progress



Application History

Application History



Application ID	Application Type	Permit Number	Permit Start Date	Permit Expiration Date	Permit Status
NYSPPPD001	New	123456	11-20-2017	11-20-2018	Expired
NYSPPPD002	Renewal	789098	05-05-2016	05-05-2017	Expired
NYCPPPD003	Never Received	456785	04-02-2015	04-02-2016	Expired

Hyperlinks should open the application in a separate tab

Diagnosis

Persistent postural-perceptual dizziness

Assistive Device Needed

Assistive Cane

Permanent Disability

Diagnosis

Severe Permanent Disability

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 condition (American Heart Assoc. 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 unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

Explanation on how this disability limits functional mobility

Lorem Ipsum
 Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum

Hide Previous Notes

Approve Notes Reject Notes Need more information Notes Processing Team Notes Other DOT Notes

Added by: DOT Supervisor

Date: 11/27/2019 1:30 PM

Lorem Ipsum
 Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum

Added by: DOT Supervisor

Date: 11/27/2019 1:30 PM

Lorem Ipsum
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Added by: DOT Supervisor

Date: 11/27/2019 1:30 PM

Lorem Ipsum
 Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum

Processing Team Notes (maximum of 1000 characters)

Type here...

Decision Notes (maximum of 1000 characters)

 Approve Reject Need more information

Reason

Select

Type here...

Save

Submit to DOT Final



Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Applicant Status | In Progress

Applicant Name View Applicant Details ⚠ <input type="text" value="John Doe"/>	Doctor Name View Doctor Details <input type="text" value="Doctor Strange"/>	Application Review Progress <ul style="list-style-type: none"> 3/29/2019 ● DOT Initial Review 3/27/2019 ● NMI Submission 3/24/2019 ● Need more information (NMI) 3/22/2019 ● DOT Initial Review 3/18/2019 ● Application Submission
License Plate Number <input type="text" value="No Plate"/>	Professional License Number Verify Doctor <input type="text" value="102082"/> <input type="checkbox"/> Verified	
Disability visually identifiable? <input type="text" value="No"/>	Qualified Hang Tag 	
View Application History		

Application Information

Documents

Save Changes

Upload Additional Documents

Drop your files here

Or

[Browse](#)

The following files are already uploaded in the same year and therefore got renamed by the system.

- Filename 1.pdf, Filename 2.pdf, Filename 3.pdf

Files Uploaded	File Type	Uploaded by	Uploaded Date	Notes
Filename 1-V1.pdf	Select an option ▾	DOT	12/05/2019	Type here
Filename 2- V1.pdf	Select an option ▾	DOT	12/05/2019	Type here
Filename 3- V1.pdf	Select an option ▾	DOT	12/05/2019	Type here
File name 1.pdf	Authorization, Brochure, Contract ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 2.pdf	Authorization ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
Filenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefile3.pdf	Contract, Letter of Request ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Read more
File name 4.pdf	Contract, Letter of Request ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 5.pdf	Contract ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 6.pdf	Letter of Request ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 7.pdf	Letter of Request ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 8.pdf	Vehicle Insurance ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 9.pdf	Vehicle Insurance ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 10.pdf	Vehicle Registration ▾	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem

Dashboard Applications **Permits** Documents

Select language

English

ID: NYSPPPD - 001(New)

Submission Date | 11/18/2019

Status |

Need more information

This application is returned for more information. Please check notes section and provide additional details/documents.

[Show application information](#)

Need more information

Rejection Notes

Added by: DOT

Date: 11/27/2019 7:30 PM

Lorem Ipsum Lorem Ipsu
Ipsum Lorem Ipsum Lore

m Lorem

Cancel Application

Cancelling the application will not save the information you entered.

Are you sure you want to cancel?

Save changes

Cancel

Added by: John Doe

Lorem Ipsum Lorem Ipsu
Ipsum Lorem Ipsum Lore

m Lorem

Response Notes (maximum of 1000 characters)

Type here...

Supporting Documents

New Documents

Drop your files here

Or

[Browse](#)

Existing Documents

Click on the add button to add the corresponding file. You can add the same file multiple times by clicking the add button.

Search by file name or file type

	File 1.pdf Letter of Request	Date: 11/27/2019 4:30 PM
	File 2.pdf Medical Document	Date: 11/27/2019 4:30 PM
	File 3.pdf Tax Exemption	Date: 11/27/2019 4:30 PM
	File 4.pdf IRS Tax Letter	Date: 11/27/2019 4:30 PM
	File 5.pdf Letter of Request	Date: 11/27/2019 4:30 PM
	File 6.pdf Contract	Date: 11/27/2019 4:30 PM

Uploaded File

File Type

Notes

File 1.pdf	Letter of Request	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum
File 1.pdf	Medical Document	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum
File 1.pdf	Letter of Request	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum
File 1.pdf	Medical Document	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem Ipsum
File 1.pdf	Letter of Request	Type here
File 1.pdf	Medical Document	Type here
File 1.pdf	Letter of Request	Type here
File 1.pdf	Medical Document	Type here

 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.

Cancel

Save

Submit



Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Mailroom Status | In Progress

Applicant Name [View Applicant Details](#)

John Doe

[View Application History](#)

License Plate Number

XZG 7606

[View Summons History](#)

Disability visually identifiable?

No

Doctor Name [View Doctor Details](#)

Doctor Strange

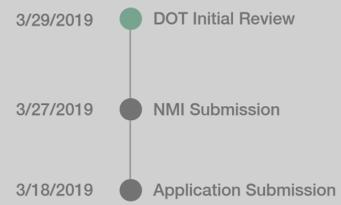
Professional License Number

102082

Qualified Hang Tag



Application Review Progress



If there is a disability plate number entered by applicant or if the applicant has a visually identifiable disability, the screen should display notes as shown below.

Application

Applicant is processing

Show Notes

Processing Text

Type here...

Decision Notes (maximum of 1000 characters)

Approve Reject Need more information

Reason

Select ▾

Type here...

Save

Submit to DOT Final

Summons History of Plate Number - XZG 7606

[Refresh Summons Information](#) | Last Refreshed - 01/01/2020

Summons ID	Summons Code	Summons Date	Judgement Decision	Summon Status	Judgement Notes
P-435627887	Parking	01/01/2020	Penalty Issued	Active	Lorem Ipsum Lorem
C-987654334	Careless Driving	08/05/2016	Penalty Issued	Expired	Lorem Ipsum Lorem
W-151214235	Warning	12/02/2015	Penalty Issued	Expired	Lorem Ipsum Lorem



Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Mailroom Status | In Progress

<p>Applicant Name View Applicant Details</p> <input type="text" value="John Doe"/> <p>View Application History</p>	<p>Doctor Name View Doctor Details</p> <input type="text" value="Doctor Strange"/>	<p>Application Review Progress</p> <ul style="list-style-type: none"> 3/29/2019 ● DOT Initial Review 3/27/2019 ● NMI Submission 3/18/2019 ● Application Submission
<p>License Plate Number</p> <input type="text" value="XZG 7606"/> <p>View Summons History</p>	<p>Professional License Number</p> <input type="text" value="102082"/>	
<p>Disability visually identifiable?</p> <input type="text" value="No"/>	<p>Qualified Hang Tag</p> <div style="display: flex; gap: 10px;"> </div>	

If there is a disability plate number entered by applicant or if the applicant has a visually identifiable disability, the screen should display notes as shown below.

Application Information

Documents

👉 Applicant is eligible for a waiver on the submission of medical certification. However, applicant must visit DOT office in-person to initiate the application processing. Please record date and time of visit in the notes section and upload a picture of applicant with this application.

Show Notes

Processing Team Notes (maximum of 1000 characters)

Decision Notes (maximum of 1000 characters)

Approve
 Reject
 Need more information

Reason

Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 3/18/2019 Submitted by | Applicant Status | In Progress

Applicant Name View Applicant Details <input type="text" value="John Doe"/>	Doctor Name View Doctor Details <input type="text" value="Doctor Strange"/>	Application Review Progress <ul style="list-style-type: none"> 3/29/2019 ● DOT Final Review 3/27/2019 ● DOT Initial Review 3/24/2019 ● Need more information (NMI) 3/22/2019 ● DOT Initial Review 3/18/2019 ● Application Submission
License Plate Number <input type="text" value="No Plate"/>	Professional License Number <input type="text" value="102082"/>	
Disability visually identifiable? <input type="text" value="No"/>	Qualified Hang Tag <div style="display: flex; gap: 10px;"> </div>	
View Application History		

Application Information Documents

Medical Certification

Temporary Disability

Expected Recovery Date

Diagnosis

Assistive Device Needed

Permanent Disability

Diagnosis

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 condition (American Heart Assoc. 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 unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

Explanation on how this disability limits functional mobility

[Show Previous Notes](#)

Processing Team Notes (maximum of 1000 characters)

Decision Notes (maximum of 1000 characters)

Approve
 Reject
 Need more information

Reason

Permit Information

Permit Approved

Effective date **Expiration date**

In case of Blue Regular, the above expiration date is based on the current inventory.

Save

Print Preview

Send to Print Queue

Red Hang tag - Reviewer will enter the dates.

 Blue Regular - System will auto-populate the dates based on the next available permit and fields will be greyed out.

 Blue Generic - System will auto-populate the dates based on the issued permit against which this application is submitted and fields will be greyed out.

 Note will be displayed ONLY for Blue Regular with the date fields greyed out.

NYS Parking Permit for People with Disabilities



Effective: February 01, 2020

Expires: January 31, 2021

QUALIFIED HANG TAG - BLUE

PERMIT NO.



VEHICLE PLATE NUMBER: XZG 7606

APPLICANT NAME: JOHN DOE

Permit Holder Information:

JOHN DOE
75 9TH AVENUE 6TH FLOOR
NEW YORK, NY 10011
Telephone: (212) 379-3747

Vehicle Plate number is only displayed when a plate number is entered in the application form.

Select account

Primary Liaison - ABC Ambulance Service

Dashboard Permits Applications Documents

NYS Parking Permit for People with Disabilities

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

Organization Profile Information

Organization Name ABC Ambulance Service	Liaison Name John Doe
Street Address 348 Ashburton Avenue	Apt/Flr/Ste Number 2nd Floor
Country USA	State New York
City Yonkers	Zip Code 10701
Borough Out of Borough	Liaison Phone Number 111-222-3344

Basic Organization Information

Operating Certificate Number Operating Certificate Number	EIN/Fed Tax ID 567890
---	---------------------------------

Purpose of Permit Request

Fleet List

Sample Fleet Add Vehicle Import from file Expand

VIN	Plate Number	Plate Type	Make	Color	Year (YYYY)	Registration Expiration Date
Lorem	Lorem	Lorem	Lorem	Lorem	Lorem	Lorem
Lorem	Lorem	Lorem	Lorem	Lorem	Lorem	Lorem
Lorem	Lorem	Lorem	Lorem	Lorem	Lorem	Lorem
Lorem	Lorem	Lorem	Lorem	Lorem	Lorem	Lorem
Lorem	Lorem	Lorem	Lorem	Lorem	Lorem	Lorem
Lorem	Lorem	Lorem	Lorem	Lorem	Lorem	Lorem

The data uploaded is not as per defined format. Please check the highlighted rows and enter correct data.

Documents to Upload

Letter of Purpose DoH Issued Operating Certificate
Vehicle Insurance Vehicle Registration(s)

Drop your files here

Or

[Browse](#)

Existing Documents

Click on the add button to add the corresponding file. You can add the same file multiple times by clicking the add button.

File Name	Date
File 1.pdf Letter of Request	11/27/2019 1:30 PM
File 2.pdf Medical Document	11/27/2019 1:30 PM
File 3.pdf Tax Exemption	11/27/2019 1:30 PM
File 4.pdf IRS Tax Letter	11/27/2019 1:30 PM
File 5.pdf Letter of Request	11/27/2019 1:30 PM
File 6.pdf Contract	11/27/2019 1:30 PM

Uploaded File	File Type	Notes
File 1.pdf	Letter of Purpose	Type here
File 1.pdf	VAS Document	Type here
File 2.pdf	Vehicle Registration	Type here
File 2.pdf	Vehicle Insurance	Type here
File 3.pdf	DoH Issued Operating Certificate	Type here
File 3.pdf	Lease Agreement	Type here

Cancel Save Submit

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. You must have all the appropriate paperwork signed and scanned for uploading to complete the form
- 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
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General Instructions

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- 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 scanned for uploading to complete the form
- We respect your privacy and will not use your info for any purposes

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.

All the fields in this section are prepopulated except "Operating Certificate Number" which will be entered by the applicant.

[Print List](#)[Print Log](#)[Notifications](#)

Print List

Permit Print Summary

Permit Type	Ready to Print
NYS PPPD State	<u>30</u>
NYC PPPD City	<u>128</u>
AOSPP	<u>211</u>
CAPP	<u>89</u>
HTP	<u>20</u>
Clergy	<u>318</u>
Express Lane	<u>312</u>
9/11 Bus Permit	<u>211</u>
Single Use on Street	<u>89</u>
Street Travel	<u>199</u>

[Print List](#)[Print Log](#)[Notifications](#)

Print List > NYSPPPD State

<input type="checkbox"/> Application ID ▾	Applicant Name ▾	Application Type ▾	Current Permit Expiration Date ▾	Priority ▾	Actions
<input type="checkbox"/> NYSPPPD001	Adriana C. Ocampo	New	NA	P1	Print Preview
<input type="checkbox"/> NYSPPPD002	Sample Constructions	New	2/29/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD003	Great Constructions	Lost/Stolen	09/30/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD004	John Doe	New	NA	P1	Print Preview
<input type="checkbox"/> NYSPPPD005	Jane Doe	Lost/Stolen	09/30/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD006	Cecilia Payne-Gaposchkin	New	NA	P1	Print Preview
<input type="checkbox"/> NYSPPPD007	Chien-Shiung Wu	New	2/29/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD008	Dorothy Hodgkin	New	NA	P1	Print Preview
<input type="checkbox"/> NYSPPPD009	Edmond Halley	Lost/Stolen	09/30/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD010	Jocelyn Bell Burnell	Lost/Stolen	09/30/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD011	Road Constructions	New	2/29/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD012	City Constructions	Lost/Stolen	09/30/2020	P1	Print Preview
<input type="checkbox"/> NYSPPPD013	Dorothy Hodgkin	New	NA	P1	Print Preview



Print List

Print Log

Notifications

Print List > NYSPPPD State

<input type="checkbox"/> Application ID ▾	Applicant Name ▾	Application Type ▾	Current Permit Expiration Date ▾	Priority ▾	Actions
<input checked="" type="checkbox"/> NYSPPPD001	Adrian			P1	Print Preview
<input checked="" type="checkbox"/> NYSPPPD002	Sampl			P1	Print Preview
<input checked="" type="checkbox"/> NYSPPPD003	Great			P1	Print Preview
<input checked="" type="checkbox"/> NYSPPPD004	John D			P1	Print Preview
<input type="checkbox"/> NYSPPPD005	Jane D			P1	Print Preview
<input type="checkbox"/> NYSPPPD006	Cecilia			P1	Print Preview
<input type="checkbox"/> NYSPPPD007	Chien			P1	Print Preview
<input type="checkbox"/> NYSPPPD008	Dorot			P1	Print Preview
<input type="checkbox"/> NYSPPPD009	Edmo			P1	Print Preview
<input type="checkbox"/> NYSPPPD010	Jocely			P1	Print Preview
<input type="checkbox"/> NYSPPPD011	Road C			P1	Print Preview
<input type="checkbox"/> NYSPPPD012	City C			P1	Print Preview
<input type="checkbox"/> NYSPPPD013	Dorothy Hodgkin	New	NA	P1	Print Preview

Print Confirmation



Application ID	No. of Permits
NYSPPPD001	1
NYSPPPD002	10
NYSPPPD003	15
NYSPPPD004	1
NYSPPPD005	1

Select printer to print Enclosure Letters

Cancel

Print

Print



Print List

Print Log

Notifications

Print List > NYSPPPD State

<input type="checkbox"/>	Application ID	Applicant Name	Application Type	Current Permit Expiration Date	Priority	Actions
<input checked="" type="checkbox"/>	NYSPPPD001	Adrian			P1	Print Preview
<input checked="" type="checkbox"/>	NYSPPPD002	Sampl			P1	Print Preview
<input checked="" type="checkbox"/>	NYSPPPD003	Great			P1	Print Preview
<input checked="" type="checkbox"/>	NYSPPPD004	John D			P1	Print Preview
<input type="checkbox"/>	NYSPPPD005	Jane D			P1	Print Preview
<input type="checkbox"/>	NYSPPPD006	Cecilia			P1	Print Preview
<input type="checkbox"/>	NYSPPPD007	Chien			P1	Print Preview
<input type="checkbox"/>	NYSPPPD008	Dorot			P1	Print Preview
<input type="checkbox"/>	NYSPPPD009	Edmo			P1	Print Preview
<input type="checkbox"/>	NYSPPPD010	Jocely			P1	Print Preview
<input type="checkbox"/>	NYSPPPD011	Road C			P1	Print Preview
<input type="checkbox"/>	NYSPPPD012	City C			P1	Print Preview
<input type="checkbox"/>	NYSPPPD013	Dorothy Hoogkin	NEW	NA	P1	Print Preview

Print Confirmation

Application ID	No. of Permits
NYSPPPD001	1
NYSPPPD002	1
NYSPPPD003	1
NYSPPPD004	1
NYSPPPD005	1

Select printer to print Enclosure Letters

3030-THMP-2FL-2

Cancel
Print

Upon successfully printing the selected permits, the message "The selected permits are sent to the printer successfully" will be shown on the listing page. Success and failure messages will be on-screen notification.

Print

NYS Parking Permit for People with Disabilities



Effective: February 01, 2020

Expires: January 31, 2021

QUALIFIED HANG TAG - BLUE

PERMIT NO.



VEHICLE PLATE NUMBER: IUZ 7859

COMPANY NAME: ABC AMBULANCE SERVICE

Permit Holder Information:

ABC AMBULANCE SERVICE
75 9TH AVENUE 6TH FLOOR
NEW YORK, NY 10011
Telephone: (212) 379-3747



Print List

Print Log

Notifications

Print Log

Search by Permit Number

Select Permit Type ▾

Apply Filter

Permit Number	Permit Type	Applicant Name	Effective Date	Expiration Date	#Reprinted	Actions
99999	NYS PPPD	Adriana C. Ocampo	11/01/2018	11/01/2019	2	View Reprint Reasons Print Preview Reprint
88888	NYC PPPD	Sample Constructions	12/01/2018	12/01/2019	0	View Reprint Reasons Print Preview Reprint
77777	HTP	Great Constructions	11/01/2018	11/01/2019	3	View Reprint Reasons Print Preview Reprint
66666	CLRGY	John Doe	01/01/2019	01/01/2020	2	View Reprint Reasons Print Preview Reprint
55555	SSPP	Jane Doe	09/1/2018	09/01/2019	0	View Reprint Reasons Print Preview Reprint
44444	AAOSP	Cecilia Payne	01/11/2019	01/11/2020	1	View Reprint Reasons Print Preview Reprint
33333	CAPP	Chien-Shiung Wu	05/11/2018	05/11/2019	3	View Reprint Reasons Print Preview Reprint
22222	ABPP	Dorothy Hodgkin	06/01/2018	06/01/2019	2	View Reprint Reasons Print Preview Reprint
99999	911PP	Edmond Halley	11/01/2018	11/01/2019	1	View Reprint Reasons Print Preview Reprint
88888	STP	Jocelyn Bell Burnell	12/01/2018	12/01/2019	0	Print Preview Reprint
77777	SUOS	Road Constructions	11/01/2018	11/01/2019	0	Print Preview Reprint
66666	ELTP	City Constructions	01/01/2019	01/01/2020	0	Print Preview Reprint
55555	NYSRPPPD	Dorothy Hodgkin	09/01/2018	09/01/2019	1	View Reprint Reasons Print Preview Reprint



Print List

Print Log

Notifications

Print Log

Search by Permit Number

Select Permit Type

Apply Filter

Permit Number	Permit Type	View	Print	Reprint				
99999	NYS PPPD	View	Print	Reprint				
88888	NYC PPPD	View	Print	Reprint				
77777	HTP	View	Print	Reprint				
66666	CLRGY	View	Print	Reprint				
55555	SSPP	View	Print	Reprint				
44444	AAOSP	View	Print	Reprint				
33333	CAPP	View	Print	Reprint				
22222	ABPP	View	Print	Reprint				
99999	911PP	View	Print	Reprint				
88888	STP	View	Print	Reprint				
77777	SUOS	View	Print	Reprint				
66666	ELTP	View	Print	Reprint				
55555	NYSRPPPD	Dorothy Hodgkin	09/01/2018	09/01/2019	1	View Reprint Reasons	Print Preview	Reprint

Reprint Confirmation

Permit Number	Permit Type
99999	NYSPPPD

The selected hang tag is damaged.

Reprint Reason (Required)

Select printer to print Enclosure Letters

3030-THMP-2FL-2

Cancel

Reprint



Print List Printed Log Notifications

Print List > NYSPPPD State

<input type="checkbox"/> Application ID	Applicant Name	Application Type	Current Permit Expiration Date	Priority	Actions
<input checked="" type="checkbox"/> NYSPPPD001	Adrian			P1	Print Preview
<input checked="" type="checkbox"/> NYSPPPD002	Sampl			P1	Print Preview
<input checked="" type="checkbox"/> NYSPPPD003	Great			P1	Print Preview
<input checked="" type="checkbox"/> NYSPPPD004	John D			P1	Print Preview
<input type="checkbox"/> NYSPPPD005	Jane D			P1	Print Preview
<input type="checkbox"/> NYSPPPD006	Cecilia			P1	Print Preview
<input type="checkbox"/> NYSPPPD007	Chien			P1	Print Preview
<input type="checkbox"/> NYSPPPD008	Dorot			P1	Print Preview
<input type="checkbox"/> NYSPPPD009	Edmo			P1	Print Preview
<input type="checkbox"/> NYSPPPD010	Jocely			P1	Print Preview
<input type="checkbox"/> NYSPPPD011	Road C			P1	Print Preview
<input type="checkbox"/> NYSPPPD012	City C			P1	Print Preview
<input type="checkbox"/> NYSPPPD013	Dorot			P1	Print Preview

Print Confirmation ✕

Application ID	No. of Permits
NYSPPPD001	1
NYSPPPD002	10
NYSPPPD003	15
NYSPPPD004	1
NYSPPPD005	1

Select printer to print Enclosure Letters

3030-THMP-2FL-2

Cancel
Print

Sorry there is not enough inventory to print the permits!!

Print

Applications Processing

ID: NYSPPPD - 001(New)

Submission Date | 03/18/2019 Status | In Progress

ABC Ambulance Service

Liaison Name - John Doe [View Details](#)

Operating Certificate Number

123456789

EIN/Fed Tax ID

567890

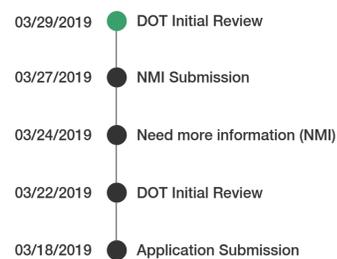
No. of Vehicles in the Fleet

10

Qualified Hang Tag



Application Review Progress



Fleet Review

Documents

Save Changes

Upload Additional Documents

Drop your files here

Or

[Browse](#)

The following files are already uploaded in the same year and therefore got renamed by the system.

- Filename 1.pdf, Filename 2.pdf, Filename 3.pdf

Files Uploaded	File Type	Uploaded by	Uploaded Date	Notes
Filename 1-V1.pdf	Select an option	DOT	12/05/2019	Type here
Filename 2- V1.pdf	Select an option	DOT	12/05/2019	Type here
Filename 3- V1.pdf	Select an option	DOT	12/05/2019	Type here
File name 1.pdf	Authorization, Brochure, Contract	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 2.pdf	Authorization	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
Filenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefilenamefile3.pdf	Contract, Letter of Request	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Ipsum Lorem Ipsum Read more
File name 4.pdf	Contract, Letter of Request	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 5.pdf	Contract	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 6.pdf	Letter of Request	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 7.pdf	Letter of Request	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 8.pdf	Vehicle Insurance	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 9.pdf	Vehicle Insurance	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem
File name 10.pdf	Vehicle Registration	Applicant	11/27/2019	Lorem Ipsum Lorem Ipsum Lorem Ipsum Lorem

NYS Parking Permit for People with Disabilities



Effective: February 01, 2020

Expires: January 31, 2021

QUALIFIED HANG TAG - BLUE

PERMIT NO.



VEHICLE PLATE NUMBER: XZG 7606

APPLICANT NAME: JOHN DOE

Permit Holder Information:

JOHN DOE
75 9TH AVENUE 6TH FLOOR
NEW YORK, NY 10011
Telephone: (212) 379-3747



Print List

Print Log

Notifications

Print Log

Search by Permit Number 🔍

Select Permit Type ▾

Apply Filter

Permit Number	Permit Type	Print Reasons	Print Preview	Reprint
99999	NYS PPPD	Print Reasons	Print Preview	Reprint
88888	NYC PPPD	Print Reasons	Print Preview	Reprint
77777	HTP	Print Reasons	Print Preview	Reprint
66666	CLRGY	Print Reasons	Print Preview	Reprint
55555	SSPP	Print Reasons	Print Preview	Reprint
44444	AAOSP	Print Reasons	Print Preview	Reprint
33333	CAPP	Print Reasons	Print Preview	Reprint
22222	ABPP	Print Reasons	Print Preview	Reprint
99999	911PP	Print Reasons	Print Preview	Reprint
88888	STP	Print Reasons	Print Preview	Reprint
77777	SUOS	Print Reasons	Print Preview	Reprint
66666	ELTP	Print Reasons	Print Preview	Reprint
55555	NYSRPPPD	Print Reasons	Print Preview	Reprint

Reprint Confirmation



Permit Number	Permit Type
99999	NYSPPPD

The selected hang tag is damaged.

New Hang Tag Serial Number (Permit Number)

75757

Reprint Reason (Required)

Select printer to print Enclosure Letters

3030-THMP-2FL-2 ▾

Cancel

Reprint



Print List

Print Log

Notifications

Notifications

<input checked="" type="checkbox"/> Notification ID ▾	Notification Type ▾	Subject ▾	No. of Letters ▾	Actions
<input checked="" type="checkbox"/> NID001	Renewal Letter	Renewal - NYSPPPD	10	Print Preview
<input checked="" type="checkbox"/> NID002	Renewal Letter	Renewal - NYSPPPD	40	Print Preview
<input checked="" type="checkbox"/> NID003	On-demand	Lorem Ipsum Lorem Ipsum	30	Print Preview
<input checked="" type="checkbox"/> NID004	On-demand	Lorem Ipsum Lorem Ipsum	20	Print Preview
<input checked="" type="checkbox"/> NID005	On-demand	Lorem Ipsum Lorem Ipsum	30	Print Preview
<input checked="" type="checkbox"/> NID006	Renewal Letter	Renewal - NYCPPPD	20	Print Preview
<input checked="" type="checkbox"/> NID007	Renewal Letter	Renewal - NYCPPPD	20	Print Preview
<input checked="" type="checkbox"/> NID008	On-demand	Lorem Ipsum Lorem Ipsum	30	Print Preview
<input checked="" type="checkbox"/> NID009	On-demand	Lorem Ipsum Lorem Ipsum	30	Print Preview
<input checked="" type="checkbox"/> NID010	Renewal Letter	Renewal - NYCPPPD	10	Print Preview
<input checked="" type="checkbox"/> NID011	Renewal Letter	Renewal - NYSPPPD	50	Print Preview
<input checked="" type="checkbox"/> NID012	On-demand	Lorem Ipsum Lorem Ipsum	50	Print Preview
<input checked="" type="checkbox"/> NID013	On-demand	Lorem Ipsum Lorem Ipsum	60	Print Preview

Print



Print List

Print Log

Notifications

Notifications

<input checked="" type="checkbox"/>	Notification ID ▾	Notification Type ▾	Subject ▾	No. of Letters ▾	Actions
<input checked="" type="checkbox"/>	NID001				Print Preview
<input checked="" type="checkbox"/>	NID002				Print Preview
<input checked="" type="checkbox"/>	NID003				Print Preview
<input checked="" type="checkbox"/>	NID004				Print Preview
<input checked="" type="checkbox"/>	NID005				Print Preview
<input checked="" type="checkbox"/>	NID006				Print Preview
<input checked="" type="checkbox"/>	NID007				Print Preview
<input checked="" type="checkbox"/>	NID008				Print Preview
<input checked="" type="checkbox"/>	NID009				Print Preview
<input checked="" type="checkbox"/>	NID010				Print Preview
<input checked="" type="checkbox"/>	NID011				Print Preview
<input checked="" type="checkbox"/>	NID012				Print Preview
<input checked="" type="checkbox"/>	NID013				Print Preview

Print Confirmation ✕

Notification ID	No. of Letters
NID001	10
NID002	40
NID003	30
NID004	20
NID005	30

Select printer to print Notifications

3030-THMP-2FL-1 ▾

Cancel
Print

Print



Print List

Print Log

Notifications

Notifications

Notification ID	Notification Type	Subject	No. of Letters	Actions
<input checked="" type="checkbox"/> NID001				Print Preview
<input checked="" type="checkbox"/> NID002				Print Preview
<input checked="" type="checkbox"/> NID003				Print Preview
<input checked="" type="checkbox"/> NID004				Print Preview
<input checked="" type="checkbox"/> NID005				Print Preview
<input checked="" type="checkbox"/> NID006				Print Preview
<input checked="" type="checkbox"/> NID007				Print Preview
<input checked="" type="checkbox"/> NID008				Print Preview
<input checked="" type="checkbox"/> NID009				Print Preview
<input checked="" type="checkbox"/> NID010				Print Preview
<input checked="" type="checkbox"/> NID011				Print Preview
<input checked="" type="checkbox"/> NID012				Print Preview
<input checked="" type="checkbox"/> NID013	On-demand	Lorem Ipsum Lorem Ipsum	60	Print Preview

Print Confirmation

Notification ID	No. of Letters
NID001	10
NID002	40
NID003	30
NID004	20
NID005	30

Select printer to print Notifications

3030-THMP-2FL-1

[Cancel](#) [Print](#)

Upon successfully printing the selected permits, the message " The selected permits are sent to the printer successfully" will be shown on the listing page. Success and failure messages will be on-screen notification.

Print

