

**Part 1: INFORMATION ABOUT PERSON WITH DISABILITY**

**First Name:** damir

**Last Name:** sdfsd

**Middle Initial:** f

**Phone Number:** 123-456-7890

**Birth Date:** 10-1-1

**Do you have license plates for persons with disabilities?:** yes

**If yes - my license plate number:** asfasf

**NYS Permit Number:** 123456789

**Part 2: MEDICAL CERTIFICATION**

**Temporary Disability:** yes

**Expected Recovery Date:** 10-1-1

**Diagnosis:** sfdgdfg

**What assistance device is needed:** sfgdfg

**Permanent Disability:** yes

**Diagnosis:** fgdfh

**Uses portable oxygen:** yes

**Legally blind:** yes

**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:**

**Email Address of Doctor:** bla@gmail.com

**I legally verify that the uploaded file is my signature:** yes

**Electronic Signature:**



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