



**Department of  
Environmental  
Conservation**

## MOTOR VEHICLE ACCESS FOR PEOPLE WITH DISABILITIES FOR THE USE OF STATE LAND

### Application to Renew a Temporary Revocable Permit

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone and/or Email:** \_\_\_\_\_

**Description of Intended Use:** Travel by a suitable motor vehicle on roads, trails or geographical areas which have been designated by the Department for qualified people with disabilities using a motor vehicle.

**Estimated Starting Date of Use:** \_\_\_\_\_

**Estimated Duration of Use:** \_\_\_\_\_

(Up to one year if disability is temporary. Up to five years if disability is permanent.)

**I wish a companion to accompany me:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of vehicle I will use (check all that apply):** Car \_\_\_\_\_ Truck \_\_\_\_\_ ATV \_\_\_\_\_

**CERTIFICATION:** I hereby apply for permission to use the above State land as described. If permission is granted, I agree to abide by the terms and conditions specified by the Department of Environmental Conservation. I affirm under a penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* Department Use Only \*\*\***

Date Received \_\_\_\_\_ Previous Permit # \_\_\_\_\_ New Permit # \_\_\_\_\_

If Permit is being renewed, is a Doctor Certification already on record? \_\_\_\_\_

I recommend that this Permit be: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Regional Land Manager/CO \_\_\_\_\_ Date \_\_\_\_\_