



## **Permits for Motor Vehicle Access on Lands Managed by DEC for People with Disabilities**

It is the policy of the Department of Environmental Conservation to provide a qualified person with a certified disability access by a suitable motor vehicle to certain lands under its jurisdiction.

A qualified person with a certified disability who wants to access State land by a suitable motor vehicle, where either the desired location is closed to motor vehicles or is open to motor vehicles different from the type of motor vehicle desired to be used by that person, may do so only through the authority of a permit. Such permit shall provide that the qualified person with a certified disability is authorized to operate a suitable type of motor vehicle as designated in the permit on all roads, trails and geographical areas designated by the Department for such use and elsewhere as specifically approved, consistent with current law and rules and regulations.

There is no restriction on or permit needed by a person with a disability to access public lands by the use of a mechanized aid (wheelchair and related assistive devices).

In the Adirondack Park and Catskill Park, all motor vehicle access is **restricted** to designated and specifically marked roads in Wild Forest and Intensive Use Areas, and is **prohibited** on all lands classified as Wilderness, Canoe or Primitive Areas. Within Wild Forest and Intensive Use Areas, the use of an ATV is authorized only on roads specifically marked by a sign reading "ATV Access Route by Permit Only". ATV use is **prohibited** on all lands classified as Wilderness, Canoe or Primitive Areas. A person with a disability who wishes to use an ATV on the designated roads must obtain a permit for that purpose.

### **Procedure for Application and Permitting**

1. A qualified person with a disability desiring to use a motor vehicle on designated Department roads, trails or geographical areas must first obtain a permit. For the definition of a "qualified person with a disability", see the back of "Certification of Mobility Impairment" form, enclosed.

2. Complete the application form enclosed (Motor Vehicle Access for People with Disabilities - Application for Temporary Revocable Permit for the Use of State Lands). Be sure to sign and date the form. There is no fee for the application.
3. Have your doctor complete and certify your qualifying disability, using the enclosed form: "Certification of Mobility Impairment". The Regional Land Manager may waive the requirement for the "Certification of Mobility Impairment", if he or she can see an obvious, visually identifiable permanent qualifying disability, or if you attach a copy of a Non-ambulatory Hunter Permit issued by the Department to your application.
4. If you want to have a single companion accompany you in order to provide necessary assistance, please indicate it in the space provided on the application. (See number 6, below).
5. Submit the application and certification of your mobility impairment to any regional office of the Department. If approved, you will receive a permit that will authorize travel on roads, trails or geographical areas which have been designated by the Department for the use of qualified people with disabilities using a suitable motor vehicle. Attached is a list of the Regional Offices.
6. The permit shall specify the authorization for a companion to accompany the qualified person with a disability, if he/she chooses to be so accompanied. A copy of the permit must be carried by the companion, and the companion should remain in sight of the permittee. A suitable motor vehicle designed by the manufacturer for use by more than one person may be used to transport the qualified person with a disability and, when necessary to assist the qualified person with a disability, a companion to accomplish the purpose of the Permit. Where the vehicle is not designed to accommodate more than one person, the qualified person with a disability may be accompanied by a companion using a vehicle designed for use by a single person. Any additional person(s) traveling with the person with a disability must do so on foot.
7. The permit shall specify that in the Adirondack Park and Catskill Park, motor vehicle access is prohibited on trails and geographical areas and is limited to designated and specifically marked roads in Wild Forest and Intensive Use areas and prohibited on all lands classified as Wilderness, Canoe and Primitive areas.
8. There is no fee for the application processing or the permit. If you are applying to use State land for a competitive event, please contact your local regional forestry office for further information.
9. If you wish to hunt from a motor vehicle, you must also obtain a Non-ambulatory Hunter Permit and Card ID from the Dept. of Environmental Conservation, Special Licenses, 625 Broadway, Albany, NY 12233-4752 (518) 402-8982.

10. The operators of any type of vehicle must possess proof that they have met the statutory requirements for its operation.
11. Additional restrictions or stipulations may be imposed as necessary by the Regional Land Manager on a case-by-case basis. Any restrictions imposed are designed to protect the environment.
12. The permit may be issued for any time period, not to exceed one year from date of issue, except that a permit may be issued for a period of five years to a qualified person with a disability either certified or visually obvious as permanent.
13. The permit may be renewed without recertifying the disability, provided that the request for renewal is within the term of the disability as described in the original certification. You may request the renewal from any Department Regional Office.
14. If the application is not approved, you will be notified in writing of that decision, including the reason(s) why the application was not approved. You have the right to appeal that decision to the Department's Regional Supervisor of Natural Resources.



**MOTOR VEHICLE ACCESS FOR PEOPLE WITH DISABILITIES**  
APPLICATION FOR A TEMPORARY REVOCABLE PERMIT FOR THE  
USE OF STATE LAND

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

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

**Telephone Number:** (        ) \_\_\_\_\_

**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; up to five years if disability is permanent)

**I wish a companion to accompany me: Yes** \_\_\_\_\_

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

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

<b>Department Use Only</b>		
Date Received _____	New Permit _____	Renewal _____
I recommend that this permit be: Approved _____ Not Approved _____		
Regional Land Manager _____		Date _____



**NEW YORK STATE DEPARTMENT OF  
ENVIRONMENTAL CONSERVATION  
CONFIDENTIAL  
CERTIFICATION OF MOBILITY IMPAIRMENT**

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Release:**

I hereby release Doctor \_\_\_\_\_ from any and all liability for damages of any nature which may accrue because of any activity undertaken pursuant to the certification below:

\_\_\_\_\_  
(signature of patient)

\_\_\_\_\_  
(Date)

**Doctor's Certification (Please print or type the following)**

I, \_\_\_\_\_, MD, hereby state and affirm that \_\_\_\_\_, is my patient and, as his/her licensed physician, I certify that he/she has one or more qualifying disabilities as listed on the reverse of this form, and that the disability is (*circle one*) permanent temporary. If temporary, the term of the disability is \_\_\_\_\_ months.

Physician's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Physician)

## **CERTIFICATION OF DISABILITY - QUALIFYING DISABILITIES**

**QUALIFIED PERSON WITH A DISABILITY IS AN INDIVIDUAL WHO:**

- 1) CANNOT WALK 200 FEET WITHOUT STOPPING TO REST; OR,**
- 2) CANNOT WALK WITHOUT THE USE OF, OR ASSISTANCE FROM, A BRACE, CANE, CRUTCH, ANOTHER PERSON, PROSTHETIC DEVICE, WHEELCHAIR, OR OTHER ASSISTIVE DEVICE; OR,**
- 3) IS RESTRICTED BY LUNG DISEASE TO SUCH AN EXTENT THAT THE PERSON'S FORCED (RESPIRATORY) EXPIRATORY VOLUME FOR ONE SECOND, WHEN MEASURED BY SPIROMETRY, IS LESS THAN ONE LITER, OR THE ARTERIAL OXYGEN TENSION IS LESS THAN 60 MM/HG ON ROOM AIR AT REST; OR,**
- 4) USES PORTABLE OXYGEN; OR,**
- 5) HAS A CARDIAC CONDITION TO THE EXTENT THAT THE PERSON'S FUNCTIONAL LIMITATIONS ARE CLASSIFIED IN SEVERITY AS CLASS III OR CLASS IV ACCORDING TO STANDARDS SET BY THE AMERICAN HEART ASSOCIATION; OR,**
- 6) IS SEVERELY LIMITED IN THEIR ABILITY TO WALK DUE TO AN ARTHRITIC, NEUROLOGICAL, OR ORTHOPEDIC CONDITION.**