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

Application for 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 # _________________

I recommend that this Permit be:  Approved ____________________ Not Approved _______________________

Regional Land Manager/CO ______________________________________ Date _______________________

January 7, 2015