



**Department of
Environmental
Conservation**

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 _____	