



PERMIT APPLICATION FOR MOTOR VEHICLE ACCESS TO STATE LAND FOR PEOPLE WITH A MOBILITY IMPAIRMENT

Description of Intended Use:

Travel by a suitable motor vehicle on roads, trails or geographical areas which have been designated by the Department for access by qualified people with disabilities.

Applicant Information

Last Name:	First Name:	Middle Initial:
Street Address:		
City/Town:	State:	Zip:
Phone:	Email:	
Estimated Start Date: (month/year)		
Do you wish to have a companion accompany you? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Vehicle to be used: (check all that apply) <input type="checkbox"/> CAR <input type="checkbox"/> ATV <input type="checkbox"/> TRUCK		

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

Applicant Signature:	Date:
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Date Received:	Previous Permit #	New Permit #
(circle one): Approved Denied		Date:
Regional Land Manager/CO:		