

**NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION &
MUSEUMS
Leisure Pass Disability Certification**

The undersigned certifies that

_____ (Name of Applicant)
of _____ (Full Address)

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

by reason of permanent physical/mental disability is ineligible to operate a **conventional motor vehicle** (vehicle without physically assistive modifications) for transportation purposes and is; thereby, eligible to participate in both the reduced fare program of the Nassau County Bus System (L.I. Bus), and ordinance discounted fees at Nassau County Parks System facilities and/or is certified as 100% disabled or holds a 100% disability certification from the Federal Social Services Administration (receives SSI and has been issued a MEDICARE card).

NATURE OF DISABILITY (Please Be Specific)

**PHYSICIAN/AGENCY AUTHORIZATION
This Information Will Be Verified By Us**

NAME OF PHYSICIAN _____

ADDRESS

_____ **PHONE** _____

AUTHORIZED SIGNATURE _____ **DATE** _____

Certification may be performed through an established service agency for the disabled, private physician or the Nassau County Department of Health. Submit this certification along with two other proofs of residency at Nassau County Department of Parks, Recreation & Museums "Leisure Passport" issuance location. For further information call 572-0219 weekdays during business hours.

FALSIFICATION OF INFORMATION CONSTITUTES FRAUD