NEW YORK CITY DOT Department of Transportation

To Report a Never-Received Permit

(Please **print** the information requested)

THIS FORM MUST BE NOTARIZED

Permit Holder's Name: _____ Date of Birth: _____

Home Address: _____ Apartment #:_____

City: _____ State:_____ Zip Code:_____

Telephone # _____ Mobile Device #_____

Email: _____

Permit Type? (Please circle) City Permit # _____

State Permit # _____

I declare, under penalties of the penal law Section 210.45, that the statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false. Making a punishable false written statement is a Class A misdemeanor.

_____ Date: ___/____/_____

Signature of Permit Holder/Parent/Guardian

(If another person must sign, state name & relationship)

Please note that your signature must be notarized. Sign only in the presence of a Notary Public.

Once completed, mail this form to the address listed in the lower left corner of this form.

Signature witnessed on this ____day of _____,20_____ _____

Notary Public

NYC Department of Transportation
Permits & Customer Service
30-30 Thomson Avenue, 2nd Fl
Long Island City, NY 11101-3045
Tel. (718) 433-3100, TTY (212) 504-4115
nyc.gov/pppdinfo