

Service Nova Scotia and Municipal Relations Service Delivery

PO Box 1652, Halifax, Nova Scotia B3J 2Z3

Application for Accessible Parking Identification Permits and Plates

MEDICAL CERTIFICATION (to be completed by a quadified Medical Practitioner) MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of permanent severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other debilitating impairment to the extent that: (i) the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or long in the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or long it is properly to the person is a significant cardio-pulmonary condition which results in severe shortness of breath with minimum physical activity, or long the person has a significant cardio-pulmonary condition, and because of any of the conditions described in paragraph (A), (B) or (C) is limited in mobility to 50 mideries or less in outdoor wealther conditions, or long the person is legally blind in accordance with the definition of blindness in the Blind Persons Act (Canada) as may be from time to time amended. This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Date Doctor's Signature Please Print Name Address Postory Signature Determine the properties of time by the properties of	SECTION 1 - Please print clearly in ink.		
Residence in the content of the cont			Day Month Year
hereby certify that I am a MOBILITY DISABLED PERSON as defined by the Regulations respecting Permiss/Number Places for Mobility Disabled Persons. Thereby make application for I remonancy locatification Number I remonancy locatification Permit (Permanent Disability) Number Plates for the Value described below. PERSENOTE Applicant mat are Plate Owner and Operator of Website. Serial Number Plate Num	l,	Client or Company Name	Date of Birth
hereby certify that I am a MOBILITY DISABLED PERSON as defined by the Regulations respecting Permiss/Number Places for Mobility Disabled Persons. Thereby make application for I remonancy locatification Number I remonancy locatification Permit (Permanent Disability) Number Plates for the Value described below. PERSENOTE Applicant mat are Plate Owner and Operator of Website. Serial Number Plate Num			2
Interest make application for Temporary Identification Permit (Permanent Deablity) Identification Permit (Permanent Deablity) Identification Permit (Permanent Deablity) Interest Plate Owner and Operator of Vehicle described below. PLEASE NOTE: Applicant must be Plate Owner and Operator of Vehicle Plate Interest		ARLED PERSON as defined by the Regulations respecting Permits/Number Plates for	
Indentification Permit (Permanent Disability) Number Platas for the Vehicle described below. PLEASE NOTE: Applicant must be Plata Corner and Operator of Vehicle. Serial Number Year Make Plate Number			Mobility Disabled Fersons.
Number Plates for the Vehicle described below. PLEASE NOTE. Applicant must be Plate Owner and Operator of Vehicle. Surial Number Year Make Plate Number	_	•	
Signature of Applicant or Authorized Agent Client Master Number		•	
Client Master Number Date Signature of Applicant or Authorized Agent		**	·
Date Signature of Applicant or Authorized Agent			Flate Number
MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of purpose in the person is unable to propel himself without the aid of a wheelchair or waker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or (i) (ii) (ii) the person is unable to propel himself without the aid of a wheelchair or waker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or (ii) (ii) (iii) the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iii) the person has a significant cardio-pulmonary condition, and because of any of the conditions described in paragraph (A), (B) or (C) is limited in mobility to 50 meters or less in outdoor weather conditions, or (iii) the person is legally bind in accordance with the definition of blindness in the Blind Persons Act (Canada) as may be from time to time amended. This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Deate Dector's Signature Physician's Phone Number Address SECTION 3 ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: Medical Condition) Movinum six mortifs per settlication Movinum six mortifs per settlication Movinum six mortifs per settlication Physician's Phone Number Address SECTION 4	Client Master Number		
MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of permanent severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other debilitating impairment to the extent that: (i) the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, care, leg brace, or leg prosthesis, or (i) (ii) (ii) the person has a significant cardio pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iii) the person has a significant cardio pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iii) the person has a significant cardio pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iv) is limited in mobility to 50 meters or less in outdoor weather conditions, or (iii) the person has a severe neutron under conditions, or (iv) the person has a severe neutron physical activity, or (iv) is limited in mobility to 50 meters or less in outdoor weather conditions, or (iv) the person is legally bird in accordance with the definition of blinchess in the Blind Persons Act (Canada) as may be from time to time amended. This is to contriby that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Dector's Signature Physician's Phone Number Address Address Dector's Signature Physician's Phone Number Address SECTION 4			
MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of permanent severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other debilitating impairment to the extent that: (i) the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, care, leg brace, or leg prosthesis, or (i) (ii) (ii) the person has a significant cardio pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iii) the person has a significant cardio pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iii) the person has a significant cardio pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iv) is limited in mobility to 50 meters or less in outdoor weather conditions, or (iii) the person has a severe neutron under conditions, or (iv) the person has a severe neutron physical activity, or (iv) is limited in mobility to 50 meters or less in outdoor weather conditions, or (iv) the person is legally bird in accordance with the definition of blinchess in the Blind Persons Act (Canada) as may be from time to time amended. This is to contriby that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Dector's Signature Physician's Phone Number Address Address Dector's Signature Physician's Phone Number Address SECTION 4			
MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner) MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of permanent severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other debilitating impairment to the extent that: (i) the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or combination of two of a crutch, cane, leg brace, or leg prosthesis, or display to the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or display to the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimum physical activity, or (C) is limited in mobility to 50 meetrs or less in countdor weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or mobility to 50 meetrs or less in control or weather conditions, or control or person is legally blind in accordance with the definition of blinchess in the Blind Persons Act (Canada) as may be from lime to time amended. This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Doctor's Signature (Maximum s.x. morths per certification) Please Print Name Please Print Name Please Print Name Please Print Name	Date	Signature of Applicant or Authorized Agent	
(to be completed by a qualified Medical Practitioner) MOBILITY DISABLED PERSON means a person whose mobility is limited as a arisety of permanent severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other debilitating impairment to the extent that: (i) the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of live of a crutch, cane, leg brace, or leg prosthesis, or (ii) (A) the daily use of a device to assist the person with breathing is required, or (ii) the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimum physical activity, or (iii) the person has a severe neuro-muscular or skeletal condition, and because of any of the conditions described in paragraph (A), (B) or (C) is limited in mobility to 50 meters or less in unable or weather conditions, or (iii) the person is legally blind in accordance with the definition of blindness in the Blind Persons Act (Canada) as may be from time to time amended. This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Date Doctor's Signature Please Print Name Doctor's Signature (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Medical Condition) Doctor's Signature Please Print Name Doctor's Signature Please Print Name Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4	SECTION 2		
Illinib ampulation, heart or lung disease or other debilitating impairment to the extent that:			
(ii) (A) the daily use of a device to assist the person with breathing is required, or			sed by paralysis, lower
(B) the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimum physical activity, or (C) the person has a severe neuro-muscular or skeletal condition, and because of any of the conditions described in paragraph (A), (B) or (C) is limited in mobility to 50 meters or less in outdoor wealther conditions, or (iii) the person is legally blind in accordance with the definition of blindness in the Blind Persons Act (Canada) as may be from time to time amended. This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition)	\Box (i) the person is unable to propel hi	nself without the aid of a wheelchair or walker, or a combination of two of a crutch, cane	, leg brace, or leg prosthesis, or
(C) the person has a severe neuro-muscular or skeletal condition, and because of any of the conditions described in paragraph (A), (B) or (C) is limited in mobility to 50 meters or less in outdoor weather conditions, or	☐ (ii) (A) the daily use of a device to a	ssist the person with breathing is required, or	
in mobility to 50 meters or less in outdoor weather conditions, or (iii) the person is legally blind in accordance with the definition of blindness in the Blind Persons Act (Canada) as may be from time to time amended. This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Date Doctor's Signature Please Print Name Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Medical Condition) Date Doctor's Signature Please Print Name Address SECTION 4	☐ (B) the person has a significant	cardio-pulmonary condition which results in severe shortness of breath with minimum ph	ysical activity, or
This is to certify that the applicant above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to:	(C) the person has a severe neu	ro-muscular or skeletal condition, and because of any of the conditions described in par	agraph (A), (B) or (C) is limited
This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to: (Medical Condition) Date Doctor's Signature Please Print Name Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Medical Condition) Date Doctor's Signature Please Print Name Address SECTION 4 Address SECTION 4	in mobility to 50 meters or l	ss in outdoor weather conditions, or	
Medical Condition) Date Doctor's Signature Please Print Name Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Address SECTION 4	(iii) the person is legally blind in acc	rdance with the definition of blindness in the Blind Persons Act (Canada) as may be from	n time to time amended.
Date Doctor's Signature Please Print Name Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4	This is to certify that the applicant name	above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to:	
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4	(Medical Condition)		
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4			
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4			
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: [Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4			
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: [Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4			
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: [Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4	Date	Doctor's Signature	
Physician's Phone Number Address SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4			
SECTION 3 This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4		Please Print Name	
This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Address SECTION 4	Physician's Phone Number	Address	
This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to: (Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Address SECTION 4	SECTION 3		
(Medical Condition) ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Address SECTION 4		is a TEMPORARY MOBILITY DISABLED PERSON due to:	
ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: (Maximum six months per certification) Date Doctor's Signature Please Print Name Physician's Phone Number Address SECTION 4			
Date Doctor's Signature Physician's Phone Number Address SECTION 4 (Maximum six months per certification) Address	(Medical Condition)		
Date Doctor's Signature Physician's Phone Number Address SECTION 4 (Maximum six months per certification) Address	ANTIQUEATER LENGTH OF TIME DIGAS	HITVID EVERTER TO CONTINUE	
Physician's Phone Number Address SECTION 4	ANTICIPATED LENGTH OF TIME DISAE	LITY IS EXPECTED TO CONTINUE:(Maximum six months per certi	fication)
Physician's Phone Number Address SECTION 4			
Physician's Phone Number Address SECTION 4	Date	Doctor's Signature	
SECTION 4		Please Print Name	
	Physician's Phone Number	Address	
	SECTION 4		
Application to follower of portrations alloadros 🖂 Flato 🖂 Follist	Application for renewal of permanent dis	abled Plate Permit	

Date_

Applicant's Signature _