

Application for Accessible Parking Identification Permits and Plates

SECTION 1 - Please print clearly in ink.

I, _____ <div style="text-align: center; font-size: small;">Client or Company Name</div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: x-small;">Day</td> <td style="width:33%; font-size: x-small;">Month</td> <td style="width:33%; font-size: x-small;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> <div style="text-align: center; font-size: x-small;">Date of Birth</div>	Day	Month	Year			
Day	Month	Year					
Address in Full _____							
Postal Code _____							
hereby certify that I am a MOBILITY DISABLED PERSON as defined by the Regulations respecting Permits/Number Plates for Mobility Disabled Persons.							
I hereby make application for <input type="checkbox"/> Temporary Identification Number <input type="checkbox"/> Identification Permit (Permanent Disability) <input type="checkbox"/> Number Plates for the Vehicle described below. – PLEASE NOTE: Applicant must be Plate Owner and Operator of Vehicle.							
Serial Number	Year	Make	Plate Number				
Driver's Licence Master Number							
Date	Signature of Applicant or Authorized Agent						

SECTION 2

MEDICAL CERTIFICATION
(to be completed by a qualified Medical Practitioner)

MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of external factors and severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other disability 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

(ii) (A) the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimal physical activity, or

(B) the person has a severe neuro-muscular or skeletal condition, and because of any of the conditions described in paragraph (A) or (B) is limited in mobility to 50 meters or less in outdoor weather conditions, or

(iii) the person is legally blind as defined in Regulations.

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
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: _____

Date	Doctor's Signature
	Please Print Name
Physician's Phone Number	Address

SECTION 4

Application for renewal of permanent disabled Plate Permit

This is to certify that my condition has not changed as it relates to qualifying for disabled parking privileges.

Applicant's Signature _____ Date _____