

Application for Accessible Parking Identification Permits and Plates

SECTION 1 - Please print clearly in ink.

I, _____ <small style="text-align: center;">Client or Company Name</small>	<small>Day</small> <small>Month</small> <small>Year</small> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> </div> <small>Date of Birth</small>		
<small>Address in Full</small>			
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.			
<small>Serial Number</small>	<small>Year</small>	<small>Make</small>	<small>Plate Number</small>
<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Driver's License Master Number</small>			
<input style="width: 95%;" type="text"/>			
<small>Date</small>		<small>Signature of Applicant or Authorized Agent</small>	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

SECTION 2

<p>MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner)</p>	
<p>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:</p>	
<input type="checkbox"/> (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	
<input type="checkbox"/> (ii) (A) the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimal physical activity, or	
<input type="checkbox"/> (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	
<input type="checkbox"/> (iii) the person is legally blind as defined in Regulations.	
<p>This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to:</p>	
<p>(Medical Condition) _____ _____ _____ _____</p>	
<small>Date</small>	<small>Doctor's Signature</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Please Print Name</small>	
<input style="width: 95%;" type="text"/>	
<small>Physician's Phone Number</small>	<small>Address</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SECTION 3

<p>This is to certify that the applicant above is a TEMPORARY MOBILITY DISABLED PERSON due to:</p>	
<p>(Medical Condition) _____ _____</p>	
<p>ANTICIPATED LENGTH OF TIME DISABILITY IS EXPECTED TO CONTINUE: _____</p>	
<small>Date</small>	<small>Doctor's Signature</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Please Print Name</small>	
<input style="width: 95%;" type="text"/>	
<small>Physician's Phone Number</small>	<small>Address</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SECTION 4

<p>Application for renewal of permanent disabled <input type="checkbox"/> Plate <input type="checkbox"/> Permit</p>	
<p>This is to certify that my condition has not changed as it relates to qualifying for disabled parking privileges.</p>	
Applicant's Signature _____	Date _____
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>