

Parking Placards for Persons with Disabilities Application

Registry Agent Office use only.

Please attach BAR CODE / NUMBER Label here.

New Program In Effect

- Eligibility is defined as persons unable to walk more than 50 metres (150 feet).
- Physicians, occupational therapists, or physiotherapists can approve an application form.

NOTE: Section 3 is to be completed by a legal guardian/ parent or power of attorney only when the applicant is under age 18 or has a disability that prevents him/her from completing the application.

SECTION I APPLICANT <i>Please complete this section</i>	Name of Applicant <i>(Last, First, Second)</i>				Date of Birth		year	month	day
	Address	Street	City / Town	Province	Postal Code	Telephone Number			
	Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give your Operator's Licence Number: _____								
	I acknowledge that my condition, as verified in Section 2 by my medical/health professional is true, and I understand that any misuse of a placard issued to me may result in the placard being cancelled. I also acknowledge that if a placard is issued to me, it may be cross-referenced against my driver's record (if applicable), and medical status in consultation with my regular attending physician. I understand that I am responsible for any costs related to completing this application.								
_____ Signature of Applicant						_____ Date			

SECTION 2 A CERTIFIED MEDICAL/HEALTH PROFESSIONAL must complete this section. (e.g. physician, occupational therapist, or physiotherapist)

ELIGIBILITY: **Persons unable to walk more than 50 metres (150 feet).**
"Walk" is defined as "progress by lifting and setting down each foot in turn, never having both feet off the ground at once". Source: *The Concise Oxford Dictionary, Ninth Edition, 1995.*

DEFINITIONS:
Short Term Disability: Any disability where a person is unable to walk more than 50 metres (150 feet) for a period of three to twelve months, but is temporary in nature.
Long Term Disability: Any disability where a person is permanently unable to walk more than 50 metres (150 feet). Chronic disabilities are considered to be a long term disability.

1. Does the applicant have:

(a) Long Term Disability - *permanently unable to walk more than 50 metres (150 feet).*
Please provide supporting information:

(b) Short Term Disability - *unable to walk more than 50 metres (150 feet) for a period of three to twelve months.*

Expected period of disability is _____ months.

2. Please describe the nature of the disability.

3. Please describe any limitations to the applicant's mobility.

4. Please describe the type of aid or assistance used by the applicant, if applicable.

Wheelchair Scooter Other (specify): _____

5. Would you recommend a complete medical report and/or a road test to assess the applicant's ability to operate a motor vehicle?

Medical Report? Yes No Road Test? Yes No

Name of Certifying Medical/Health Professional					Telephone Number	
Address	Street	City / Town	Province	Postal Code		
Registration Number		Professional Designation: <input type="checkbox"/> Doctor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist				

I understand that I may be asked to verify the applicant's disability in the event of misuse or abuse of the privileges associated with the issuance of this parking placard.

_____ _____
Signature of Certifying Medical/Health Professional Date

Section 3 is to be completed by a legal guardian/ parent or power of attorney only when the applicant is under age 18 or has a disability that prevents him/her from completing the application.

SECTION 3 LEGAL GUARDIAN/ PARENT <u>OR</u> POWER OF ATTORNEY	Name of Legal Guardian/Parent OR Power of Attorney (<i>Last, First, Second</i>)			Date of Birth		
				year	month	day
	Address	Street	City / Town	Province	Postal Code	Telephone Number
	Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give your Operator's Licence Number: _____					
I acknowledge that the applicant's condition, as verified in Section 2 by his/her medical/health professional is true, and I understand that any misuse of a placard issued to the applicant may result in the placard being cancelled.						
I also acknowledge that if a placard is issued to the applicant, it may be cross-referenced against the applicant's driver's record (if applicable), and medical status in consultation with the regular attending physician.						
I understand that the applicant is responsible for any costs related to completing this application.						
_____					_____	
Signature of Legal Guardian/Parent					Date	

Please take this completed application to any Registry Agent.

This information is being collected to administer the Parking Placards for Persons with Disabilities program. The information is governed by the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.