

**Application for Identification Card  
for a Blind Person and Guide Dog**

*This information is being collected under the authority of section 6 of the Blind Persons' Rights Amendment Act for the purpose of issuing an identification card and will be protected under the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. Should you have any questions contact the FOIP coordinator Alberta Seniors and Community Supports, at 780-415-6039 or at 3rd Floor, Standard Life Centre, 10405 Jasper Avenue, Edmonton, Alberta, T5J 4R7.*

**APPLICANT INFORMATION**

Name of Applicant		<i>Last Name</i>		<i>First Name</i>		Telephone Number (     )			
Address		<i>Street</i>		<i>City/ Town/ Village</i>		<i>Province</i>		<i>Postal Code</i>	

**GUIDE DOG INFORMATION**

Name of Dog		Breed		Age (years)		Microchip Number (if available)			
Name of Training School						Date Training Course Completed <i>year                      month                      day</i>			
Name of Contact Person						Telephone Number (     )			

I certify that as a blind person, I am dependent upon a guide dog. The school named above has trained my guide dog.

I give consent to \_\_\_\_\_  
Name of School

to send a copy of my picture to Alberta Seniors and Community Supports for the purpose of creating an I.D. card under the *Blind Persons' Rights Act*. I understand that this card is the property of the Government of Alberta and must be returned upon request, or upon retirement of my guide dog, at which time I can request a new application.

I also understand that for verification purposes, contact with either the training school or the International Guide Dog Federation (IGDF) may be required.

\_\_\_\_\_  
Signature of Applicant                      Date

**NOTE:** *The picture being supplied by the training school is to be in a digital format (jpg, tif or bmp) with the surname of the applicant as the name of the file.*

For your reference, a printed copy of the *Blind Persons' Rights Act* will be issued with your guide dog identification card. If you wish to receive an alternative communication format, please indicate your choice by selecting the appropriate box below.

Print

Large Print

Braille

Cassette

Audio CD

Electronic Text CD

Electronic Text 3.5 inch Disc Text CD

---

**Return the completed form to:**

**Alberta Seniors and Community Supports  
9th Floor, HSBC Building  
10055 - 106 Street,  
Edmonton AB T5J 1G3**

**FOR OFFICE USE ONLY**

**Verified Member of the IGDF**

Yes

No

**Status of Application**

Approved

Denied

---

I.D. Card Number Assigned

Expiry Date

\_\_\_\_\_ *year month day*