

## 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 or parent only when the applicant is under age 18 or has a disability that prevents him/her from completing the application.

|   |  |        |             |          |               |                  |      |       |     |
|---|--|--------|-------------|----------|---------------|------------------|------|-------|-----|
| <b>SECTION I</b><br><br><b>APPLICANT</b><br><br><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.<br><br>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.<br><br>I understand that I am responsible for any costs related to completing this application. |        |             |          |               |                  |      |       |     |
| _____<br>Signature of Applicant   |  |        |             |          |               | _____<br>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.

