



Accessible Parking Permit Application Form

Please Note: Applicants must sign off on the Rules Governing the Use of Parking Permits.

Part 1: To Be Completed by the Applicant:

Name: _____

Mailing Address: _____

_____ Postal Code _____

Email Address: _____

Phone: (home) _____ (work) _____

Birth Date: DD ____ MM ____ YY ____ Male Female

Driver's License Number: (If Applicable) _____

My Disability is: _____

Declaration: "I declare that the above information is true and correct".

Signature of Applicant: _____ **Date:** _____

For Office Use Only

Placard Number: _____ *Date Issued (DD/MM/YY)* _____

Expiry Date: (DD/MM/YY) _____ *Issued By:* _____ *Previous No:* _____



Part 2: To Be Completed by an Attending Physician or Nurse

Practitioner. *(For the purpose of this application, in a community where there is no Attending Physician or Nurse Practitioner, a Community Health Nurse, Occupational Therapist or Physiotherapist may complete Part 2 of this form. Thank you in advance for ensuring that only those who qualify receive a placard.)*

- The applicant has a permanent disability and requires a mechanical mobility aid. The mechanical aid required is _____.

- The applicant has a disability resulting in an inability to access services. This disability could be classified generally as:

(i.e.: multiple sclerosis, arthritis, heart disease, autism)

In your words, describe how this condition(s) impairs this person's inability to access services:

I recommend a:

- Temporary Permit
- Permanent Permit

If a Temporary Permit is recommended, indicate length of time needed:

- 2 weeks
- 1 month
- 6 weeks
- 3 months
- 6 months

Renewal is required for Temporary Permits exceeding six months.

Certification: "I hereby certify that, to the best of my knowledge, the above information is true and correct."

Physician or Nurse Practitioner:

(Signature) **Date:** _____

(Print name) **Phone:** () _____

Forms can be returned to the NWT Disabilities Council
Suite 116, 5102 50th Avenue Yellowknife, NT X1A 3S8
Email: admin@nwtcd.net or Fax: (867)873-4124

If you would like information on how to make a tax-deductible donation to the NWT Disabilities Council, please call (867) 873-8230 or outside Yellowknife at 1-800-491-8885 (toll free).