



APPLICANT INFORMATION - No new medical information is required for existing permanent permit holders.

Your current Permanent Permit will expire on **April 30, 2018**. If you have not received your new permit by May 1, 2018 you may receive a parking violation for an expired parking permit.

PLEASE PRINT CLEARLY – Incomplete/illegible applications will not be processed.

Surname: _____ First Name: _____ Middle: _____

Address: _____
Street Number & Name, Box Number City/Town Postal Code

Date of Birth: _____ / _____ / _____ Phone Number: _____
Month Day Year

Email Address: _____

Any change to medical information: _____

I, the applicant, acknowledge that:

- I am applying for a parking permit and the information provided on this application is true and correct.
- The parking permit will only be used when the applicant is present. Any misuse of a parking permit will result in the permit being cancelled and the refusal to issue a parking permit in the future.
- If applying for a replacement of a lost or stolen permit, I declare that the permit is unavailable for return.
- I am responsible for advising the NWT Disabilities Council of any information changes.

Signature of Applicant or Parent/Guardian _____ Date _____

Note:

All information must be completed for processing. When the application is completed it must be submitted to the NWT Disabilities Council within 2 months or a new application will be required.

If there are changes to your contact information, it is your responsibility to inform the Council of your new information.

GOVERNING RULES – For complete listing of governing rules for your parking permit, please contact our office

- The parking permit is issued to you only. Any person not involved in the direct and immediate process of physically assisting you may not use it.
- Designated parking spaces are not to be used for extended periods of time (i.e. over 2 hours).
- Designated parking spaces for persons with disabilities are not to be used for parking while you are at work.
- You are responsible for any misuse of the parking permit.

PROCESSING – An application fee of \$10.00 is required (Fee is nonrefundable but covers any replacement costs)

Membership to the Council is required – included in application fee. This covers the two-year period of your valid permit. Payment can be made by; cheque or money order made payable to the NWT Disabilities Council or by credit through our office or by cash (in person only), please do not send money through the mail.

If the application fee causes a financial barrier, please contact our office for discreet address

NWT DISABILITIES COUNCIL OFFICE USE ONLY

Permit Number: _____ Permit Type: _____ Expiry date: _____

Authorized by: _____ Date: _____ Membership # _____

Phone: (867) 873-8230 | Toll Free: 1(800) 491-8885 | Fax: (867) 873-4124 | Email: admin@nwtcdc.net