



APPLICANT INFORMATION – Parking Permits held by Organizations are to adhere to the Governing Rules and Regulations for the Parking Permit Program. Violation of this can result in the Parking Permit being withdrawn from the Organization.

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

Name of Manager/Supervisor: _____

Name of Organization: _____

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

Phone Number: _____ Email Address: _____

Number of Parking Permits Required: 1 2 3 4 5 Other: _____ (please contact prior)

Please provide license plate number for vehicles requiring a parking permit: _____

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 person being supported- 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 _____ 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 a 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.

NWT DISABILITIES COUNCIL OFFICE USE ONLY

Permit Number(s): _____ Expiry date: _____

Authorized by: _____ Date: _____ Membership # _____

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