



APPLICANT INFORMATION - No new medical information is required for existing permanent permit holders.
Your current Permanent Parking Permit will expire on **April 30, 2024**. If you have not received your new permit by May 30, 2024, you may receive a parking violation for an expired parking permit.

PLEASE PRINT CLEARLY – Incomplete/illegible applications will be returned.

First Name: _____ Last Name: _____ Middle: _____

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

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

Email Address: _____

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 3 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.

NWT DISABILITIES COUNCIL OFFICE USE ONLY

Permit Number: _____ Permanent Temporary Expiry date: _____

Authorized by: _____ Date: _____

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