Albertan Government





Parking Placard Application for Persons with Disabilities

Registry Agent Office use only.
 Please attach BAR CODE / NUMBER Label here.
L
a certified medical professional, this

Check **ONE** only:

First Time

Renewal

Self Declaration

- 1. Upon approval by a certified medical professional, this application must be presented to a registry agent within 6 months, or a new application will have to be completed.
- **2.** Persons previously approved by a certified medical professional with a permanent disability are **not** required to have the reverse side of this form completed.

APPLICANT

Person to whom the parking placard will be issued

NOTE: A Legal Guardian/Parent or individual with Power of Attorney must sign when the applicant is under age 18 or has a disability that prevents them from completing the application.

age 18 or has a dis	ability that prevents them	n from completing the appli	cation.			
Last Name	First Name	Middle Name		Date of Birth (yyyy-mm-dd)		
Street Address	City/Town	Province/Territory	Postal Cod	e Telephone No. (include area code)		
Are you a licensed driver?]Yes	provide your Operator's L	icence Nu	mber:		
	s verified by my certified r	medical professional (if not ay result in the placard bein		•		
Transportation I	sued to me, the informati Driver Fitness and Monito primary care physician m	on on my application may oring Branch to be cross-re pay be contacted.	be provide ferenced a	d to Alberta against my driver's		

• I am responsible for any costs related to completing this application.

Date (yyyy-mm-dd)	Signature of Applicant	

Where applicable, the above statement regarding the applicant's condition must be acknowledged below by the signature of the Legal Guardian/Parent or individual with Power of Attorney.

Date (yyyy-mm-dd)

Name and Operator's Licence Number (please print)

Signature of Legal Guardian/Parent or individual with Power of Attorney

SELF DECLARATION To <u>only</u> be completed by persons with a permanent disability who were previously approved by a certified medical professional

I declare that my health care professional has previously certified that my disability is permanent in nature and will not improve in the next 5 years. I am unable to walk more than 50 meters (150 feet).

Date (yyyy-mm-dd)

Signatur

For DFM use only



3164201309

This information is being collected to administer the Parking Placards for Persons with Disabilities policy. The information is governed by the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, 780-427-7013.

CERTIFIED MEDICAL PROFESSIONAL

To be completed by a physician, occupational therapist or physiotherapist when a person is <u>not</u> self declaring

<u>ELIGII</u>	BILITY:	"Walk" is defined as "	lk more than 50 meters (1 to progress by lifting and s e ground at once." Source	etting do	wn each foo ncise Oxford	t in turn, Diction	never ary, 200	01.
1. Ched	ck <u>ONE</u> o	f the following boxes:						
	Short term disability where the applicant is unable to walk more than 50 meters (150 feet) for three to twelve months. Expected period of disability is months.							
	Long term disability where the applicant is unable to walk more than 50 meters (150 feet) but the disability may improve within the next 5 years (e.g. no longer requires the use of a wheelchair). The applicant will be required to re-apply in 5 years to determine their eligibility for a placard. Explanation:							
	disability permane	r is of a permanent nat ent use of a wheelchair and will not require ve	applicant is unable to wal ure and will not improve w). The applicant will be abl rification from a certified m	thin the i	next 5 years declare in 5	(e.g. red	quires t	he
2. Desc	cribe the	nature of the applicant'	s disability.					
3. Desc	cribe any	limitations to the applic	cant's mobility.					
-	cribe the t		e used by the applicant, if Other (specify)	applicab	le.			
	ld you red otor vehic		nedical report and/or a roa ?	d test to Road T	and the same of th		t's abili No	ty to operate
Name of	Certifying N	Medical Professional					Telepho	one No. (include area code)
Street Ac	Idress		City/Town		Province/Terri	tory		Postal Code
Profess	ional Des	signation Physician	Occupational Therapis	: Ph	ysiotherapist	Registrat	ion Num	ber
			ify the applicant's disability of this parking placard.	in the e	vent of misu	se or ab	use of	the
		Date (yyyy-mm	-dd) Signature of Cert	ifying Mod	ical Professions	1		