Alberta

Protected C (when completed)

Registry Agent Office use only.
Please attach
PLACARD VALIDATION

# Parking Placard Application for Persons with Disabilities

Registry Agent Office use only.

Please attach BAR CODE / NUMBER Label here.

Check **ONE** only:

☐ First Time

☐ Renewal

☐ Self Declaration

**1.** Upon approval by an authorized healthcare professional, this application must be presented to a registry agent within 6 months, or a new application will have to be completed.

**2.** Applicants previously approved by an authorized healthcare 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.

| Last Name | First Name | Middle Name | Date of Birth *yyyy-mm-dd* |
|---|---|---|---|
| | | | |

| Street Address | City/Town | Province/Territory | Postal Code | Telephone No. |
|---|---|---|---|---|
| | | | | |

Are you a licensed driver? ☐ Yes ☐ No If yes, please provide your Driver's Licence Number: ________________

I, the applicant, acknowledge that:

- my condition, as verified by my authorized healthcare professional (if not self declaring) is true;
- any misuse of a placard issued to me may result in the placard being cancelled, and
- if a placard is issued to me, the information on my application may be provided to Alberta Transportation Driver Fitness and Monitoring to be cross-referenced against my driver's record, and the authorized healthcare professional that verified my disability may be contacted.
- I am responsible for any costs related to completing this application.

Signature Date *yyyy-mm-dd*     Applicant Signature

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.

Signature Date *yyyy-mm-dd*     Name and Driver'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 an applicant with a permanent disability who were previously approved by an authorized healthcare 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 (164 feet).

Signature Date *yyyy-mm-dd*     Signature

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In accordance with the *Traffic Safety Act* (TSA), *Operator Licensing and Vehicle Control Regulation*, and the *Freedom of Information and Protection of Privacy Act* (s.33) for motor vehicle services, the Registrar of Motor Vehicles collects personal information for the following purposes: to confirm the identity and eligibility of an individual for motor vehicle services and for motor vehicle records held by Motor Vehicles; investigation and enforcement; and for contact information, including the residential address in order for the personal serving of documents under the TSA. Questions about the collection of your personal information can be directed to Alberta Registries, Box 3140, Edmonton, AB T5J 2G7 or 780-427-7013, toll free 310-0000 within Alberta.

## AUTHORIZED HEALTHCARE PROFESSIONAL — To be completed by an Authorized Healthcare Professional when an applicant is not self declaring.

**ELIGIBILITY:** Applicant is unable to walk more than 50 meters (164 feet).
"Walk" is defined as "to progress by lifting and setting down each foot in turn, never having both feet off the ground at once." Source: The concise Oxford Dictionary, 2001.

1. Check **ONE** of the following boxes:
   - ☐ Short term disability where the applicant is unable to walk more than 50 meters (164 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 (164 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: ____________________
   - ☐ Permanent disability where the applicant is unable to walk more than 50 meters (164 feet) and their disability is of a permanent nature and will not improve within the next 5 years (e.g. requires the permanent use of a wheelchair). The applicant will be able to self declare in 5 years to renew their placard, and will not require verification from an authorized healthcare professional.
     Explanation: ____________________

2. Describe the nature of the applicant's disability.
   ____________________

3. Describe any limitations to the applicant's mobility.
   ____________________

4. Describe the type of aid or assistance used by the applicant, if applicable.
   ☐ Wheelchair ☐ Scooter ☐ Other *(specify)* ____________________

5. Would you recommend a complete medical report and/or a road test to assess the applicant's ability to operate a motor vehicle? Medical Report? ☐ Yes ☐ No Road Test? ☐ Yes ☐ No

| Name of Authorized Healthcare Professional | Telephone No. |
|---|---|
| | |

| Street Address | City/Town | Province/Territory | Postal Code |
|---|---|---|---|
| | | | |

| Name of Professional Designation | Registration Number |
|---|---|
| | |

I understand that I may be asked to verify the applicant's disability in the event of misuse or abuse of the privileges associated with the issuance of this parking placard. I declare that I am an eligible Authorized Healthcare Professional as identified on the Parking for Persons with Disabilities section of the Service Alberta Website.

____________________ Signature Date *yyyy-mm-dd*

____________________ Signature of Authorized Healthcare Professional