



**Parking Placard  
Application for  
People 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 a certified 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 a certified 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. <small>(include area code)</small>

Are you a licensed driver?  Yes  No If yes, please provide your Operator's Licence Number: \_\_\_\_\_

I, the applicant, acknowledge that:

- my condition, as verified by my certified 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 Branch to be cross-referenced against my driver's record, and the certified healthcare professional that verified by disability may be contacted.
- 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 only be completed by an applicant with a permanent disability who were previously approved by a certified healthcare professional**

I declare that my healthcare 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) \_\_\_\_\_ Signature



For DFM use only

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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.

**CERTIFIED HEALTHCARE PROFESSIONAL** To be completed by a Certified Healthcare Professional when an applicant is not self declaring.

**ELIGIBILITY:** Applicant is unable to walk more than 50 meters (150 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 (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:

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- Permanent disability where the applicant is unable to walk more than 50 meters (150 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 a certified healthcare professional.

Explanation:

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

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

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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 Certifying Healthcare Professional			Telephone No. <small>(include area code)</small>
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 Certified Healthcare Professional as identified on the Parking for People with Disabilities section of the Service Alberta Website.

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Signature of Certifying Healthcare Professional