



Application for Accessible Parking Permit

The completed applications are to be delivered to the City of Whitehorse at 2121 Second Avenue, Whitehorse, YT

PART A – APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT OR LEGAL GUARDIAN

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Legal Last Name of Applicant												Legal First Name						Initial	
Y E A R M M D D												M F		[] [] [] [] - [] [] [] [] - [] [] [] []				[] [] [] [] - [] [] [] []	
Date of Birth						SEX		Phone Number						Postal Code					
[] [] [] [] [] [] [] [] [] [] [] []												[] [] [] [] [] [] [] [] [] [] [] []						[] [] [] [] [] [] [] []	
Street Address/Physical Address												City/Town/Village							

PART B – HEALTH INFORMATION

Instructions: Health professionals to complete sections 1, 2, and 3.

Health documents filed in support of this application are privileged – subject to the confidentiality provisions of the Freedom of Information and Protection of Privacy Act.

SECTION 1 – CONDITION (PATIENT/APPLICANT MUST MEET ONE OF THE FOLLOWING CONDITIONS)

Walk is defined as” Move at a regular and fairly slow pace by lifting and setting down each foot in turn, never having both feet off the ground at once.”

- A** Cannot walk 50 meters without assistance of another person or a brace, cane, crutch, a lower limb prosthetic device or similar assistive device or who requires the assistance of a wheelchair.
- B** Is severely limited in the ability to walk 50 meters due to an arthritic, neurological, musculoskeletal or orthopedic condition.
- C** Visual acuity is 20/200 or poorer in the better eye with or without corrective lenses or whose greatest diameter of the field of vision in both eyes is 20 degrees or less.

Medical name(s) of Applicant’s condition(s): _____

Specify condition/illness (layman terms): _____

YES NO Would you recommend a complete medical report and/or road test to assess the applicant’s ability to operate a motor vehicle?
 YES NO If yes, has this information been forwarded to the Yukon Motor Vehicle Branch?

SECTION 2 – STATUS OF CONDITION

This patient is experiencing a mobility impairment which is: (Check only ONE condition).

- Temporary Condition; estimated length of the condition in number of months _____. (Maximum 12 months).
- Permanent disability (**LIFE TIME CONDITION THAT WILL NOT CHANGE** the status of requiring an accessible parking permit)

SECTION 3 – REGULATED HEALTH PROFESSIONAL CERTIFICATION

I am registered with:

- Registrar of Medical Practitioners , Yukon Medical Council pursuant to the *Medical Profession Act*
- Yukon Registered Nurses Association (Community Practitioner)

For the reasons specified in Section 1, it is my opinion that the patient has a mobility impairment that poses a risk to their health by walking 50 meters or meets the criteria for visual acuity as noted in Section 1.

Note: as the authorizing medical professional, you are verifying the applicant meets the conditions set out in this form and have fully completed this application. Should there be misuse or abuse of the privileges associated with the issuance of this permit, you may be requested to verify the applicant’s disability.

Health Care Providers Stamp

Stamp Name & Address of Regulated Health Professional

PRACTITIONERS NAME (PRINT): _____ PRACTITIONERS NAME (SIGNATURE): _____
 DATE OF EXAMINATION: _____



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Check one of the following:

- Applying for the first time
- Replacing lost permit
- Replacing damaged permit
- Applying for renewal of existing permit
- Replacing stolen permit (Damaged permits must be returned)

Current permit number (if applicable): _____

Applicant information

L	A	S	T	N	A	M	E									F	I	R	S	T	N	A	M	E
Y	E	A	R	M	M	D	D																	
										M				F										
														-										
														-										
Phone Number														Postal Code										
S	T	R	E	E	T	A	D	D	R	E	S	S					C	I	T	Y				

IMPORTANT –TERMS AND CONDITIONS Part A

1. The display of this permit allows you to park in one of the accessible parking spaces provided by the city or on private property which has been designated for use for persons with disabilities.
2. When the application has been completed by the regulated health professional as stipulated in the Application for Accessible Parking Permit form, it must be presented to the City of Whitehorse within 90 days, or a new application from your doctor will have to be completed.
3. Your parking permit is portable and **must** be on view in whatever vehicle **you, the applicant**, are using. Any vehicle parked in an accessible parking space and not displaying a valid accessible parking permit may be issued a violation ticket for the offense and/or may be towed at the owner's expense.
4. Your permit must be displayed in clear view inside the vehicle on the dashboard or hanging from the rear view mirror.
5. The display of this permit allows you to park in a metered parking space without having to deposit any coins in the parking meter; but you may only stay at the meter for the allowed time. Example: 1 hour meter you can stay a maximum of 1 hour; 2 hour meter you may stay a maximum of only 2 hours, then you **must move your vehicle or you could be ticketed**.
6. **An accessible parking permit (PERMANENT, TRAVELERS OR TEMPORARY), shall not be valid if it is transferred or assigned to any other person other than the original applicant to which it is assigned. The permit cannot be used for any vehicle that is not in use as a service vehicle for the holder of the permit. The permit holder must be actively engaged in using the permit for the permit to be valid. If the permit is being used by anyone other than the permit holder, all permits will be revoked.**
7. All expired permit(s) must be returned to City Hall to either be renewed or disposed of. Permit holders displaying a **permit that has been altered in any way or showing no dates** may be issued a violation ticket for an invalid permit.
8. You are required to notify City Hall or Bylaw Services as soon as possible if your permit is lost or stolen.
9. A parking permit that is used in contravention of the Traffic Bylaw may be cancelled.

TERMS AND CONDITIONS Part B

I, the applicant, acknowledge that:

- I am applying for an accessible 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 and in the act of physically using the permit. Any misuse of a parking permit will result in the permit being cancelled and the refusal to issue a parking permit in the future.
- I am responsible for any costs related to the completing of this application.
- If applying for a replacement of a lost or stolen permit, I declare the permit is unavailable for return.

I have read and understand the “Terms and Conditions” Part “A” and Part “B” of my accessible parking permit application. I agree to abide by these “Terms and Conditions”.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY	
Permanent Permits	Temporary Permits
<p>BLUE Permanent Permit issued <input type="checkbox"/> YES</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">Permit Number and Year issued</p> <p>PURPLE Traveler's Permit issued <input type="checkbox"/> YES</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">Permit Number and Year issued</p>	<p>RED</p> <p>Temporary Permit issued <input type="checkbox"/></p> <p style="color: red;">Write expiry date on permit</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">EXPIRY DATE</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">Permit Number and Year issued</p>
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<p style="color: red;">Accessible Parking form attached and approved by health care professional <input type="checkbox"/></p>	
<p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">FIRST NAME</p>	
<p>Issuer's Name Print</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>Date Permit Issued</p> <p>Lost or stolen permit number reported to Bylaw Services</p> <p>Copy of application provided to applicant</p> <p>Applicant with permanent disability indicated they did not require a travelers permit</p>	<p>Approved</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>