



Application for Accessible Parking Permit

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

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
BLUE Permanent Permit issued <input type="checkbox"/> YES [][][][][] [Y][R] Permit Number and Year issued	RED Temporary Permit issued <input type="checkbox"/> Write expiry date on permit [Y][E][A][R][M][M][D][D] EXPIRY DATE [][][][][] [Y][R] Permit Number and Year issued
PURPLE Traveler's Permit issued <input type="checkbox"/> YES [][][][][] [Y][R] Permit Number and Year issued	
[Y][E][A][R][M][M][D][D] Accessible Parking form attached and approved by health <input type="checkbox"/> Date Doctors form received care professional	
[L][A][S][T] [][][][][] [F][I][R][S][T] [N][A][M][E] [][][][][] Issuer's Name Print	
[Y][E][A][R][M][M][D][D] Approved YES <input type="checkbox"/> NO <input type="checkbox"/> Date Permit Issued	
Lost or stolen permit number reported to Bylaw Services YES <input type="checkbox"/> NO <input type="checkbox"/>	
Copy of application provided to applicant YES <input type="checkbox"/> NO <input type="checkbox"/>	
Applicant with permanent disability indicated they did not require a travelers permit YES <input type="checkbox"/> NO <input type="checkbox"/>	