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Registry Agent Office use only
Please attach
PLACARD VALIDAT



Parking Placard Application for Persons with Disabilities

Registry Agent Office use only.

Please attach BAR CODE / NUMBER Label

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 <i>yyyy-mm-dd</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/Town	Province/Territory	Postal Code	Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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
Individual with Power of Attorney

SELF DECLARATION To only 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).



following purposes: to confirm the identity and eligibility of an individual for motor vehicle services and for motor vehicle rec by Motor Vehicles; investigation and enforcement; and for contact information, including the residential address in orde personal serving of documents under the TSA. Questions about the collection of your personal information can be directed t Registries, Box 3140, Edmonton, AB T5J 2G7 or 780-427-7013, toll free 310-0000 within Alberta.

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AUTHORIZED HEALTHCARE PROFESSIONAL To be completed by an Authorized Healthcare Professional with 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



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