

Box 1387 (5014-47th Street) Yellowknife, NT X1A 2P1 Ph: (867) 873-8230 or 1-800-491-8885 Fax: (867) 873-4124

Parking Placard Application Form

Please Note: Applicants must sign off on the Rules Governing the Use of Parking Placards.

Part 1: To Be Completed by the Applicant:
Name:
Mailing Address:
Postal Code
Email Address:
Phone: (home) (work)
Birth Date: DD MMYY Male □ Female □
Driver's License Number: (If Applicable)
My Disability is:
To Assist me, I use: Cane, Wheelchair, or
Declaration: "I declare that the above information is true and correct".
Signature of Applicant:Date:
For Office Use Only
Placard Number: Date Issued(DD/MM/YY)
Expiry Date: (DD/MM/YY) Issued By: Previous No:

2.01.00. A1 Page 1 of 2



(print name)

The NWT Council of Persons with Disabilities

Box 1387 (5014-47th Street) Yellowknife, NT X1A 2P1 Ph: (867) 873-8230 or 1-800-491-8885 Fax: (867) 873-4124

Part 2: To Be Completed by an Attending Physician or Nurse **Practitioner.** (For the purpose of this application, in a community where there is no Attending Physician or Nurse Practitioner, a Community Health Nurse, Occupational Therapist or Physiotherapist may complete Part 2 of this form. Thank you in advance for ensuring that only those who qualify receive a placard.) ☐ The applicant has a permanent disability and requires a mechanical mobility aid. The mechanical aid required is _____ The applicant has a physical disability resulting in an inability to walk a distance of 100 meters. This disability could be classified generally as: (i.e.: multiple sclerosis, arthritis, heart disease, asthma) In your words, describe how this condition(s) impairs this person's mobility: I recommend a: ☐ Temporary Placard Permanent Placard If a Temporary Placard is recommended, indicate length of time needed: □ 2 weeks □ 1 month □ 6 weeks □ 3 months □ 6 months □ Other ____ **Certification:** "I hereby certify that, to the best of my knowledge, the above information is true and correct." **Physician or Nurse Practitioner:** (signature) _____ Phone: ()

If you would like information on how to make a tax-deductible donation to the NWT Council of Persons with Disabilities, please call (867) 873-8230 or outside Yellowknife at 1-800-491-8885 (toll free).

2.01.00. A1 Page 2 of 2