

Accessible Parking Permit Application (Blue Zone Parking Application Form)

Part 1 - To be completed by the Applicant or Guardian (please print)

| | | | |
|---------------------------------------|--|-----------------------------------|-------------------------------------|
| Last Name _____ | | Given Name(s) _____ | |
| Street Address _____ | | | |
| P. O. Box No. _____ | | City/Town _____ | |
| Province _____ | | Postal Code _____ Telephone _____ | |
| Email Address (optional) _____ | | | Date of Birth _____ (YYYY-MM-DD) |
| Signature of Applicant/Guardian _____ | | Date (YYYY-MM-DD) _____ | |

Part 2 - To be completed by a Medical Practitioner or Nurse Practitioner

A Person is eligible to hold an Accessible Parking Permit if s/he meets one or more of the following:

- Has lost the use of or has significant limitations in one or more lower extremities **or** has a designated disease/disorder which substantially impairs/interferes with mobility and **CANNOT walk 50 meters**;
- Has lung disease and the forced respiratory expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest;
- Has a cardiac condition and his/her functional limitations are classified in severity as Class III or Class IV, according to standards set by the Canadian Heart Association or requires the use of a wheelchair or special transit facility;
- Has a visual or other impairment which requires specialized access to ensure safety.

Please Note: Under Section 174.1(1) of the Highway Traffic Act, you are required to make a report to the Registrar if, in your opinion, a driver's medical condition could affect his/her ability to operate a motor vehicle safely. That report must include his/her name, address, date of birth and clinical condition.

I certify that the applicant meets one or more of the criteria for a Permanent Temporary Accessible Parking Permit.

| | | | |
|---|--|-------------------------|--|
| Signature of Medical/Nurse Practitioner _____ | | Date (YYYY-MM-DD) _____ | |
| Name (Please Print) _____ | | Telephone Number _____ | |

MRD_2018-01

For Office Use Only

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|-----------------------------------|-----------------------------------|---------------------|-------------|------------|
| Approved <input type="checkbox"/> | Rejected <input type="checkbox"/> | Permit Number _____ | Clerk _____ | Date _____ |
|-----------------------------------|-----------------------------------|---------------------|-------------|------------|

Contact Information

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|---|--|
| Service NL, Motor Registration Division, P. O. Box 8777, St. John's, NL A1B 3T2 | |
| Telephone 1-877-636-6867 Fax (709) 729-4360 Email: accessparkingpermits@gov.nl.ca | |

Under authority of the *Highway Traffic Act* (HTA), personal information is collected for the purpose of issuing an Accessible Parking Permit. Section 6 of the HTA allows Motor Registration Division to disclose an applicant's personal information to other health professionals for the purpose of medical assessments related to permit eligibility. Any questions relating to this privacy statement can be directed to the Motor Registration Division at 1-877-636-6867.