

MOBILITY IMPAIRED PARKING PERMIT APPLICATION

MOTOR REGISTRATION DIVISION P. O. Box8777, St. John's, NL A1B 3T2

Telephone: (709) 729-0345 Facsimile: (709) 729-4360

Government Services

(Blue Zone Parking Permit Application)

PART 1 To be completed SURNAME OF PERSON WITH DISAB	by the applicant (the p		mobili BIVEN NA	<u> </u>) or guardian	
STREET ADDRESS						
BOX NUMBER CITY/TOWN				PROVINCE	POSTAL CODE	
TELEPHONE NUMBER		DRIVER LICENCE NUMBER (if ap		pplicable)	DATE OF BIRTH (YYYY/MM/DD	
IN MAKING THIS APPLICATION, I AM MEDICALS SECTION FOR REVIEW A	ACKNOWLEDGING THAT I UNI ND FOLLOW UP ON ANY IMPAC	DERSTAND THAT THE CTS THIS CONDITION N	NFORMA MAY HAVE	ATION ON THIS APPL E ON MY DRIVING AE	LICATION, WILL BE FORWARDED TO THE BILITY.	
SIGNATURE OF APPLICANT				DATE (YYYY/MM/DD)		
impacts your me for additional me PART 2 To be completed	edical condition may ledical information for	have on your ab the purposes ourse practitioner	ility to f asse To be	drive safely. ssing the med eligible for a F	Section for review on any This may result in a request dical condition on driving. Permit, the applicant, must meen applicant meets.	
	ters with/without the us wheelchair, or other as		ce fron	n, a brace, can	e, crutch, another person,	
extent that their for	•	ory volume for o	ne sec	ond, when mea	(circle only one) to such an asured by spirometry, is less om air at rest	
•					ns are classified in severity as et by the Canadian Heart	
•	not walk 50 meters bec pedic or other medical			•	walk due to an arthritic, ician.	
Please state diagno	osis					
This is to certify that the apportant.	olicant meets the defini	ition(s) I have ch	ecked	above and req	uires a mobility impaired parkir	
HYSICIAN'S NAME (PLEASE PRINT)			D	ATE		
Any questions or com	ments can be directe Medicals Section P		ıls Sup		9-729-0345 or in writiing to:	
		OR OFFICE USE		•		
APPROVED	REJECTED				IBER	
PERIOD		MOS/YF	RS	DATE		
CLERK						

- 1. A person to whom the permit has been issued, or the parents/guardians or designated individuals, are responsible to ensure that parking privileges are not abused.
- 2. No person other than the permit holder, or the person accompanying the holder, shall park a motor vehicle in a designated mobility impaired parking space.
- 3. The permit must be displayed in the windshield of a vehicle occupying a designated mobility impaired parking space.
- 4. A person shall not display a permit which
 - (a) has expired, or
 - (b) is otherwise invalid.