



PEI Council of People with Disabilities

PART 1: MEDICAL CERTIFICATION

Disability defined for parking permit purposes:

“Anyone with a marked impairment of mobility who is unable to walk more than 75 meters without serious difficulty or danger to safety or health”

Full Name of Applicant: _____ Date: _____

Please indicate nature of mobility impairment:

_____ Quadriplegia	_____ Paraplegia	_____ Arthritis	_____ Amputation
_____ Emphysema	_____ Heart	_____ Back/Hip	_____ MS/MD
_____ Cerebral Palsy	_____ Age related	_____ Other _____	

Is the mobility impairment permanent? _____ or temporary (three months or less)? _____

Physician’s name (please print): _____ Physician’s signature: _____

PART 2: PARKING PERMIT APPLICATION

Name: _____ Birthday _____
Month Day Year

Address: _____ Disability: _____
Postal Code: _____

County: _____ Telephone: _____
E-mail: _____

“I have read the regulations governing parking permits and agree to abide by them. I understand that abuse or misuse of my permit will result in the permit being canceled.”

Signature of Applicant: _____ Date: _____

Applications cannot be approved unless Part 1 and Part 2 are completed.

PART 3: FOR OFFICE USE

PERMIT # _____

Temporary Permit Expires _____

Donation Receipt # _____

_____ \$21.00 Permit Fee including Membership
 _____ \$30.00 For Temporary Permit (3 months or less) \$20.00 refundable
 _____ Donation to help support the Council of the People with Disabilities
 _____ **Total** - Please make cheques payable to “PEI Council of People with Disabilities”

Cash/Debit _____ Cheque # _____ Staff Initials: _____ Date _____