



1. APPLICANT INFORMATION (please print)

Have you applied for a City of Kelowna parking permit before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, permit #
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Last Name:	First Name:	Middle Initial:
Address:		
City:		Postal Code:
Phone:	Email Address:	

2. PHYSICIAN ASSESSMENT

Medical Name of Disabling Condition(s)		
Patient eligibility (Please check one) <input type="checkbox"/> Disability that specifically affects mobility and the ability to walk <input type="checkbox"/> Can NOT walk 100 meters without risk to health <input type="checkbox"/> Requires the use of a mobility aid in order to travel any distance <input type="checkbox"/> Other (please explain) _____		Prognosis (Please check one) <input type="checkbox"/> Permanent (Permit must be renewed every 3 years) <input type="checkbox"/> Temporary (Maximum 1 year) Temporary Permit will expire on: _____ <input type="checkbox"/> ___ weeks <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 1 year <i>* Please note that should a temporary permit holder require a longer period of recovery, the applicant will need to re-apply at their physicians office after the expiry date.</i>
PHYSICIAN'S NAME (Please Print)	TELEPHONE	PHYSICIAN'S MSP Number
PHYSICIAN'S CERTIFICATION For the above reasons, it is my opinion that the patient has a mobility impairment that poses a risk to their health by walking 100 metres. I hereby certify that, to my knowledge, the above information is true and correct. _____ Physician's Signature		PHYSICIAN'S ADDRESS STAMP (** MANDATORY **)

3. IMPORTANT INFORMATION ABOUT YOUR PERMIT

- Please enclose payment to the City of Kelowna of \$20.00 per permit (includes GST), effective Feb 1, 2016. Payments can be made by cash, cheque, money order, or debit. PLEASE DO NOT MAIL CASH.
- Only one permit per person will be issued.**
- Permits issued for permanent disabilities must be renewed every three years (based on date of issue).
- Temporary permits will be issued for up to a maximum of one year (applications for extension must be made at your physician's office).

4. SIGNATURE

I agree to be responsible for the appropriate use of this permit. This permit authorizes the parking of a vehicle in a designated accessible parking stall for the exclusive benefit of the person to whom this permit is issued and leaving the vehicle parked as long as required to benefit the permit holder only, in compliance with the City of Kelowna parking regulations. The permit shall be displayed from the rear view mirror for easy viewing. I agree to be responsible for the use of this permit and if misused in any way, the City of Kelowna may revoke the accessible parking permit at any time.

APPLICANT SIGNATURE

DATE