Ontario

Ministry of Government and Consumer Services

Application for an Accessible Parking Permit

- Complete this form and take to a ServiceOntario centre or mail to: ServiceOntario, PO Box 9800, Kingston ON K7L 5N8
- **To apply for, renew or replace an APP, you must provide proof of legal name, date of birth and signature.**
- **Important!** Once your health practitioner signs this form, it is only valid for six (6) months before it expires. Applications which have not been signed and dated by both the applicant and health practitioner cannot be processed. Permits are assigned to an individual, not a vehicle.

Part A – To be completed by Applicant (or authorized third party representative)

Section 1: APP Information

Type of Application

☐ New permit ☐ Renewal permit

☐ Change of Information ► ☐ Address Change ☐ Name Change ☐ Other

☐ Replacement ► ☐ Lost/Missing

☐ Stolen ► Name of Police Services _____

Police Occurrence Number _____

☐ Damaged ► Attach damaged permit to this application

☐ Returning Permit (attach permit) ► ☐ On behalf of deceased ☐ No longer required ☐ Found ☐ Other

► Enter current or previous APP permit number (if applicable) _____

Section 2: Applicant Information (Note: Third party representatives must provide ID and documentation confirming authorization)

Legal last name of applicant	Legal first name of applicant	Legal middle name of applicant	
Telephone Number	Email Address	Date of Birth (yyyy/mm/dd)	Gender

Residential Address

Unit Number	Street Number	Street Name or Lot, Concession, Township	
City, Town or Village		Province	Postal Code

Mailing Address (only complete if different from residential address above)

Unit Number	Street Number	Street Name or Lot, Concession, Township	
City, Town or Village		Province	Postal Code

Will you be a passenger or a passenger/driver in the vehicle the APP will be displayed in?

☐ Passenger/Driver (P/D) ☐ Passenger (P) Ontario driver's licence number _____

Declaration

- I solemnly declare that the information made above is true and understand that, under provincial legislation, any false statements could result in the cancellation of my permit, a fine and/or imprisonment. Under the *Highway Traffic Act*, it is an offence to fraudulently obtain an Accessible Parking Permit and any person who contravenes the Act may be liable for a fine of up to $5,000.
- I authorize the release of health information for the completion of this form to ServiceOntario.

Signature of ► ☐ Applicant ☐ Parent/Legal Guardian (for children under 18 years of age) ☐ Authorized Representative (for adults over 18 years of age, evidence required)

Signature	Date (yyyy/mm/dd)

By signing above, I understand and consent to the collection, use and disclosure of personal information in this application by ServiceOntario for the proper issuance, renewal, or replacement of accessible parking permits and to administer the Accessible Parking Permit Program under the authority of section2(1) of O. Reg 581 under *Highway Traffic Act*, R.S.O. 1990, c H.8, ServiceOntario may verify the information provided in accordance with this application with health practitioners, jurisdictions, or other ministries to determine whether to issue, renew or replace the accessible parking permit. In addition, I authorize the Ministry of Health (MOH) to disclose information about me from MOH's database consisting of legal name, residential address, date of birth, sex and death status in order to verify the information provided in accordance with this form and that, for the purpose, Service Ontario is obtaining my consent on behalf of the MOH. If you have questions about the collection, use and disclosure by ServiceOntario of the personal information provided in accordance with this application, please contact: Team Manager, ServiceOntario Contact Centre, PO Box 105, 777 Bay Street, Toronto ON M5G 2C8. Telephone:416-235-2999. Toll free: 1-800-387-3445. TTY Toll free: 1-800-268-7095.

Please ensure you keep a copy for your records

  Disponible en français Clear Form Print Form

Part B – To be completed by a Regulated Health Practitioner

A regulated health practitioner must complete the legal first and last name of the applicant and Sections 1, 2 and 3 below. Health documents filed in support of this application are privileged – subject to the confidentiality provisions of the *Freedom of Information and Protection of Privacy Act*.

Legal last name of applicant	Legal first name of applicant

Section 1: Eligibility

To be eligible for an APP, a regulated health practitioner must certify that the applicant has one (1) or more of the following health conditions:

- ☐ **A** Cannot walk without the assistance of another individual or of a brace, cane, crutch, lower limb prosthetic device or similar assistive device or who requires the assistance of a wheelchair
- ☐ **B** Suffers from lung disease to such an extent that his or her forced expiratory volume in one second is less than 1 litre
- ☐ **C** Portable oxygen is a medical necessity
- ☐ **D** Suffers from cardiovascular disease to such an extent that the individual's functional capacity is classified as Class III or Class IV according to Nomenclature and Criteria for Diagnosis of Diseases of the Heart and Great Vessels
- ☐ **E** Ability to walk is severely limited due to an arthritic, neurological, musculoskeletal or orthopedic condition
- ☐ **F** Visual acuity is 20/200 or poorer in the better eye, with corrective lenses if required or whose maximum field of vision using both eyes has a diameter of 20 degrees or less
- ☐ **G** Mobility is severely limited by one or more conditions or functional impairments ("persons with a disability")

Section 2: Status of Condition

- ☐ Permanent (condition not expected to improve with time)
- ☐ Subject-to-change (requires health assessment every five (5) years)
- ☐ Temporary ► Enter estimated length of the condition in months (maximum 12 months): _____

Section 3: Regulated Health Practitioner Information

Full name of regulated health practitioner	College number

Telephone Number	Fax Number

Print (or stamp) name and address of regulated health practitioner

As a regulated health practitioner, you must be registered with at least one of the following colleges to authorize the issuance of an APP. Please specify:

- ☐ College of Physicians & Surgeons of Ontario
- ☐ College of Occupational Therapists of Ontario
- ☐ College of Physiotherapists of Ontario
- ☐ College of Chiropractors of Ontario
- ☐ College of Nurses of Ontario – Registered (Extended Class)
- ☐ College of Chiropodists of Ontario – Chiropodists and Podiatrists

Declaration

- I certify that the applicant meets the necessary eligibility requirements as listed above and confirm that I am not treating myself or family members
- I, the undersigned, declare that the information I have provided above to be true and complete

Signature of regulated health practitioner	Date (yyyy/mm/dd)

Office Use Only

Office Number	Operator Number	Business Date (yyyy/mm/dd)	Interim Permit Number

Applicant ID(s) presented	ID Document Number	Name on ID Document
Third Party ID(s) presented	ID Document Number	Name on ID Document

Third-party authorization attached? ☐ Yes ☐ No	Ontario Health Card viewed? ☐ Yes ☐ No (Important! Do not record health card numbers)