

SECTION 1 – Client Identification

(PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS)

CLIENT(S) or COMPANY NAME			
CLIENT MASTER NUMBER		DATE OF BIRTH	
RESIDENCE ADDRESS		MAILING ADDRESS (if different than residence)	
STREET NUMBER AND NAME, APT. NO.		STREET NUMBER AND NAME, PO BOX NO., RR. NO., APT. NO.	
CITY, TOWN OR VILLAGE	POSTAL CODE	CITY, TOWN OR VILLAGE	POSTAL CODE

SECTION 2 – Vehicle Information

CURRENT/PREVIOUS PLATE	VIN / SERIAL NUMBER	YEAR	MAKE	MODEL
------------------------	---------------------	------	------	-------

INSURANCE INFORMATION

Insurance Company: _____ Policy#: _____

Effective:

DD	MM	YY
----	----	----

 Expiry:

DD	MM	YY
----	----	----

SECTION 3 – Issuance of Accessible Parking Motorcycle Plate

PREVIOUSLY ISSUED Accessible Parking Plate or Permanent Accessible Parking Permit
OR

MEDICAL CERTIFICATION (to be completed by a qualified Medical Practitioner)

MOBILITY DISABLED PERSON means a person whose mobility is limited as a result of permanent severe physical disability caused by paralysis, lower limb amputation, heart or lung disease or other debilitating impairment to the extent that:

(i) the person is unable to propel himself without the aid of a wheelchair or walker, or a combination of two of a crutch, cane, leg brace, or leg prosthesis, or

(ii) (A) the daily use of a device to assist the person with breathing is required, or

(B) the person has a significant cardio-pulmonary condition which results in severe shortness of breath with minimum physical activity, or

(C) the person has a severe neuro-muscular or skeletal condition, and because of any of the conditions described in paragraph (A), (B) or (C) is limited in mobility to 50 meters or less in outdoor weather conditions.

This is to certify that the applicant named above is a PERMANENT MOBILITY DISABLED PERSON as defined above due to:

(Medical Condition) _____

Date _____ Doctor's / Licensed Nurse Practitioner's (LPN) Signature _____

_____ Please Print Name _____

Physician's Phone Number _____ Address _____

SECTION 4 – Application for Replacement of Accessible Parking Motorcycle Plate

I/We hereby make application for replacement of an Accessible Parking Motorcycle Plate.

The reason for replacement _____

SECTION 5 – Applicant Declaration

I/We hereby certify that the information, contained on this application, is true.

DD	MM	YY
----	----	----

APPLICANT'S SIGNATURE(S)

WARNING > The *Motor Vehicle Act* provides a penalty of a fine and imprisonment for false statement of fact in this application.

SECTION 6 – Payment Information

Cheque (attached) Certified Cheque (attached) Money Order (attached) Credit Card

Terms of Credit Card Use: By signing this form, I authorize Access NS / RMV to use the credit card details below to process payment for the attached batch of transactions. Access NS / RMV will destroy the credit card information after this batch of transactions is processed and will not use for any other purpose.

Credit Card Holder Signature _____

DD	MM	YY
----	----	----

Credit Card Payment Details

(Cut and shred this section after processing)

- Visa (16 digits) MasterCard (16 digits) American Express (15 digits)

Account Number: _____

Card Holder Name: _____ Expiry Date: _____ / _____

M M Y Y