



Accessible Parking Program

Organization/Business Permit Application

Send completed application to SaskAbilities, 2310 Louise Avenue, Saskatoon, SK S7J 2C7.

Faxed, photocopied, or emailed applications will not be accepted.

The following criteria must be met in order for a permit to be issued to an organization/business:

- A photocopy of the valid vehicle registration is required to process the application. Permits are available only for organizations that transport people with disabilities and only for vehicles registered to the organization or business. Permits cannot be issued to or used in vehicles registered to individuals.
- Proper representation of the organization or business must be visible on the vehicle (signage). Signage can be permanent or removable (for example, magnetic signage) but must be displayed when the parking permit is being used. Verification of the signage in use will be required in the form of a written description of the signage and/or a photo of the vehicle.
- A brief description of the service provided and why a permit for use in designated parking is required.
- Taxis must be equipped with a lift in order to be issued a permit.

Permits issued to organizations will have a one year term. A new application with updated information must be submitted to renew permits at the end of that term.

Check one of the following:

- Applying for the first time.
- Applying for the renewal of an existing permit.
- Applying for the replacement of a permit due to: Lost Stolen Damaged *(Damaged permit must be returned before replacement will be issued.)*

PLEASE PRINT CLEARLY – Incomplete/illegible applications will be returned.

Current/Existing Permit Number (if applicable): _____

Name of Organization/Business: _____

Contact Name: _____ Position Title: _____

Mailing Address: _____ | _____ | _____
City/Town Postal Code

Phone: _____ Fax: _____ Email: _____

Vehicle Licence Plate Number(s): _____

METHOD OF PAYMENT – Permit Fee: \$10.00 per permit. Permit Fee is non-refundable.

Cheque or Money Order made payable to SaskAbilities.

All NSF cheques will be subject to an additional \$15.00 administration fee.

Cheque Money Order Interac Cash

Visa MasterCard Name on Credit Card: _____

Credit Card Number: _____ Credit Card Expiry Date: ____/____/____

SASKABILITIES OFFICE USE ONLY

Permit Number: _____ Expiry Date: _____

Approved Not Approved _____

Authorized by: _____ Date: _____ Branch: _____

The following information is required to complete this application form.

1. A photocopy of the current vehicle registration – please attach to completed application form.
2. A brief description of the vehicle signage. (For example – the company name and logo are permanently displayed on the back window of the vehicle which is a van equipped with a lift.) A photo of the vehicle showing signage may be attached to the application if you prefer.

3. A brief description of the service provided and why a permit for use in designated parking is required.

4. *For taxi business only:* Vehicle is equipped with a wheelchair lift. Yes No

I, the applicant signing on behalf of the organization/business, acknowledge that:

- I am applying for a parking permit and the information provided on this application is true and correct.
- The parking permit will only be used when transporting individuals who are unable to walk unassisted for more than 50 metres without great difficulty or danger to their health and safety. I understand that use of the permit when there is no one in the vehicle who has a mobility impairment is abuse of the permit and subject to all penalties and fines, including cancellation of the permit and refusal to issue a parking permit in the future.
- If applying for a replacement of a lost or stolen permit, I declare that the permit is unavailable for return.
- I understand that the information on this application may be shared with SGI for audit purposes.
- I am responsible for advising SaskAbilities of any change of information associated with this permit including organization name change, address change, and change of vehicle registration information.

Contact Name (PLEASE PRINT)

Title

Authorized Signature

Date

Name of Organization/Business