

Please note that...

- Information provided on this application may be used in assessing the subject's fitness to drive a motor vehicle.
- The SAAQ does not reimburse the fees that may be charged by an assessment professional.

A Information on disabled person

Last name (current)		Last name at birth (if different)		First name		Driver's licence number (if applicable)	
Number		Street		Apt.		Municipality	
Province		Postal code		Telephone (home)		Telephone (work)	
Date of birth		Sex		Correspondence			
Year		Month		Day		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> English <input type="checkbox"/> French	

If you are applying for a disabled parking permit because of a disability resulting from a road accident, check the box below and provide the information requested.

I authorize the SAAQ to consult my claim file in order to assess whether I am eligible to receive a disabled parking permit at no cost.

Claim file number: _____ Date of the accident: _____

Year Month Day

Disabled person's representative (if applicable)

Last name		First name		Relation to disabled person	
Telephone (home)		Telephone (work)		<input type="checkbox"/> Father / mother <input type="checkbox"/> Curator <input type="checkbox"/> Spouse <input type="checkbox"/> Trustee <input type="checkbox"/> Other, specify: _____	

B Information for permit eligibility

1 - To get around, are you required to use a wheelchair or adapted stroller that is subsidized by the Régie de l'assurance maladie du Québec (RAMQ)?

Yes ► Proof of subsidy from the RAMQ must be enclosed. **Proceed directly to Section E**.
If you cannot enclose proof of subsidy, **proceed to the following question**.

No ► **Proceed to the following question**.

2 - If you hold a driver's licence, does it bear Condition P?

Yes ► **Proceed directly to Section E**.

No ► **Have Section C filled out by a recognized assessment professional**.

C Assessment (where required, this section must be filled out by the assessment professional identified in Section D)

1 - Under the *Highway Safety Code*, a driver may stop his vehicle in a location where stopping is not usually permitted to take on or let out a disabled person.

Can the person be left alone without risk to his/her health and safety? Yes No

2 - Give diagnoses, impairments, stages, prognoses, congenital or acquired causes, etc.

3 - If one of the person's organ systems listed below is impaired, please check the system affected and circle the functional class:

Respiratory ► I II III IV V (according to the Medical Research Council)

Cardiac ► I II III IV (according to the New York Heart Association)

4 - Check disability:

Motor activity (balance, walking, etc.) Mental activity (awareness, spatial orientation, judgment, etc.) Vision Hearing

Behaviour (personal safety, impulse control, etc.) Other, specify: _____

5 - Is the disability permanent or temporary?

Permanent Temporary ► start: _____ probable end: _____

Year Month Day Year Month Day

6 - Specify loss of autonomy during outdoor movement.

Information on disabled person

Last and first name

Driver's licence number (if applicable)

C Assessment (continued)

7 - What mobility aids does the person use to move about outdoors?

Unassisted With human help Technical aids (cane, wheelchair, etc.), specify: _____

8 - Over what distance can the person move about?

Unassisted ▶ 50 metres or less **Assisted** (technical or human help) ▶ 50 metres or less
 More than 50 metres More than 50 metres

9 - Can the person move about outdoors **without risk** of illness, trauma or to the integrity of one of the organ systems?

Yes No

Additional comments:

D Information on assessment professional

Last name		First name		Profession code	Codes ES Special educator of the health and social services network ER Occupational therapist IN Nurse MD Physician OP Optometrist PH Physiotherapist PS Psychologist
Signature		Telephone		Prof. licence number	
Date of assessment: Year Month Day		Date of report: Year Month Day			

E Disabled person's signature

I, the undersigned, hereby authorize the Société de l'assurance automobile du Québec to exchange information on my state of health and my handicap situation with the assessment professional identified in Section **D** or my representative identified in Section **A**, where required. I understand that a summary of all communications will be recorded in my file.

In addition, I declare that the information provided is correct.

 Signature Year Month Day

– **Enclose a cheque or money order** made payable to the Société de l'assurance automobile du Québec. For information regarding fees, please visit www.saaq.gouv.qc.ca.

– The fee is not refundable.

– Allow 4 to 6 weeks for processing of the application and notification of a decision by mail.

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at www.saaq.gouv.qc.ca or contact the Société's call centre.

Vignette de stationnement pour personnes handicapées (act. 6630)
 Société de l'assurance automobile du Québec
 Case postale 19850, succursale Terminus
 Québec (Québec) G1K 8Z4

Québec area: 418 643-7620
 Montréal area: 514 873-7620
 From elsewhere: 1 800 361-7620
 Web site: www.saaq.gouv.qc.ca

 TDD/TTY
 Montréal Area: 514 954-7763
 Elsewhere in Québec 1 800 565-7763

RÉSERVÉ À LA SOCIÉTÉ			
<input type="checkbox"/> RSC	<input type="checkbox"/> INDEM		
P <input type="checkbox"/>	Année	Mois	Jour
T <input type="checkbox"/>			