



Avec vous,
 au cœur de votre sécurité

- 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 the assessor.

A Person with a disability

Last name		First name		Driver's licence number (whether the licence is valid, cancelled or suspended)	
Address (street number, street name, apartment)			Municipality		Province
Postal code	Telephone (main)	Telephone (secondary)	Date of birth (Year-Month-Day)	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
Fill out this section if your disability is related to a traffic accident.					
Claim number: _____			Date of the accident (Year-Month-Day): _____		
Representative of the person with a disability (if applicable)					
Last name			First name		
Telephone (main)		Relationship to the person with a disability			
<input type="checkbox"/> I authorize the Société de l'assurance automobile du Québec to disclose information on my state of health and my disability with my representative for the purpose of determining my eligibility for an accessible parking permit. I understand that a summary of all communications will be recorded in my file.					


B Permit application

Automobile Motorcycle/moped/scooter

To be eligible for a permit for a motorcycle, moped or scooter, you must meet the following two conditions:

- Be the owner or the lessee of a motorcycle, moped or scooter.
- Hold an accessible parking permit for an automobile.

If you hold such a permit, please enter your permit number: _____



C Eligibility conditions

1. Do you use a wheelchair, adapted stroller, orthomobile or positioning base that is subsidized by the Régie de l'assurance maladie du Québec (RAMQ)?

Yes ▶ Proof of the RAMQ subsidy must be enclosed. **Proceed to Section F.**
OR
 ▶ Please enter your Health Insurance Number: _____
 ▶ Check the box below:
 I authorize the SAAQ and the RAMQ to share the personal information required to determine my eligibility for an accessible parking permit, such as my Health Insurance Number, SAAQ file number, whether I am a beneficiary of the RAMQ's Program for Devices That Compensate for a Physical Deficiency, etc.
 ▶ **Proceed to Section F.**

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



C Eligibility conditions (continued)

2. Have you received financial assistance under the Programme d'adaptation de véhicule to install at least one of the following: a lowered floor, platform, roof box (Chair Topper), wheelchair carrier (or trailer) or hoist?

Yes ▶ Check the box below:
 I authorize the SAAQ to consult my file associated with the Programme d'adaptation de véhicule for the purpose of determining my eligibility for an accessible parking permit.

▶ **Proceed to Section F.**

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

3. If you hold a driver's licence, does it bear Condition P?

Yes ▶ **Proceed to Section F.**

▶ Check the box below:

I authorize the Société de l'assurance automobile du Québec to disclose information on my state of health and my disability with my assessor for the purpose of determining my eligibility for an accessible parking permit. I understand that a summary of all communications will be recorded in my file.

No ▶ **Have Section D filled out by a professional from the list provided in section E.**

D Assessment (Where required, this section must be filled out by the assessor identified in Section E.)

1. Under the *Highway Safety Code*, a driver may stop their vehicle in a location where stopping is otherwise prohibited to pick up or drop off a person with a disability.

Can the person be left alone without risk to their health and safety? Yes No

2. Indicate the diagnoses, impairments, stages, prognoses, congenital or acquired causes, etc.

3. If the following organ systems are impaired, check the appropriate boxes.

Respiratory ▶ III IV V Cardiovascular ▶ III IV

4. Check all applicable disabilities.

Motor Mental Visual impairment Hearing Behaviour

Other, specify: _____

5. Is the disability permanent or temporary?

Permanent Temporary ▶ Onset (Year-Month-Day): _____ Possible end (Year-Mont-Day): _____

6. Provide details on the loss of autonomy when getting around outdoors.

7. What mobility aids does the person use to get around outdoors?

No aid Human aid Technical aid (cane, wheelchair, etc.), please specify: _____

8. Indicate how far the person can get around:

unassisted ▶ 50 metres or less More than 50 metres
assisted (technical or human aid) ▶ 50 metres or less More than 50 metres



D Assessment (Where required, this section must be filled out by the assessor identified in Section **E**.) (Continued)

9. Can the person get around outdoors without risking of illness, trauma or compromising an organ system?

Yes No

Additional comments:

Multiple horizontal lines for writing additional comments.

E Assessor

Last name		First name		Occupational code (see legend below)
Professional licence number	Telephone		Signature	
Date of the assessment (Year-Mont-Day): _____			Date of the report (Year-Month-Day): _____	

Occupational code

- ES** Special care counsellor
- ER** Occupational therapist
- IN** Nurse
- MD** Physician
- OP** Optometrist
- PH** Physiotherapist
- PS** Psychologist
- TP** Physiotherapy technologist
- CH** Chiropractor
- IH** Respiratory therapist
- PO** Podiatrist
- PE** Psychoeducator
- SO** Guidance and mobility specialist
- TS** Social worker



F Signature of the person with a disability or their representative

I declare that the information provided is correct.

Signature : _____ Date (Year-Month-Day): _____

- For information regarding fees, please visit saaq.gouv.qc.ca/en/persons-mobility-impairment/renewing-parking-permit.
- The parking permit is not refundable.
- **Allow 4 to 6 weeks for delivery of the decision by mail. Note that the decision will also be available in your SAAQclik account.**

Enclose a cheque or money order made payable to the Société de l'assurance automobile du Québec and send your application to:

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

For more information:

Toll-free: 1-800-361-7620 (Québec, Canada, United States)

Website: saaq.gouv.qc.ca/en

 TDD/TTY
Toll-free in Québec: 1-800-565-7763

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.

If you are unable to print this form, send an email to documentation@saaq.gouv.qc.ca and we will mail you a copy.

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