

Off Highway Vehicle Permit Application

District Office: _____ Date of Application: _____

PART 1 (to be completed by Applicant)

Name _____ WIN _____
Address _____
Postal / Zip Code _____ Telephone _____ DOB: _____ / _____ / _____ Yr. Mo. Day
Has applicant previously applied for this permit in Alberta? <input type="checkbox"/> YES <input type="checkbox"/> NO
If a previous application was submitted was it approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
I hereby certify that the information I have provided above is true:
Signature of Applicant: _____ Date: _____

PART 2 (to be completed by licence administrator)

Office Location: _____

Applicant has provided supporting documentation from a Physician, Occupational Therapist or Physiotherapist outlining nature of medical condition. <input type="checkbox"/> YES <input type="checkbox"/> NO
Nature of condition
<input type="checkbox"/> Permanent Medically certified that individual's condition is permanent in nature and will not improve
Approved by: _____ Date: _____
Signature: _____
Comments/Notes: _____ _____