



Appendix 2
Medical Certification
Fuel Tax Refund Program
for Persons with Disabilities
under the Motor Fuel Tax Act

This page is to be completed by a doctor or nurse practitioner only.

Freedom of Information and Protection of Privacy Act (FOIPPA) — The personal information on this form is collected for the purpose of administering the Motor Fuel Tax Act under the authority of sections 26(a) and (c) of the FOIPPA.

Registrant's information — Enter the name of the person registering for the fuel tax refund program

Full Legal Name

To be eligible for this program, your patient must have at least one of the following conditions:

Check (✓) all that apply — do not change or amend qualifications

- Loss of a limb
Permanent dependence upon a wheelchair
Complete and permanent functional loss of the lower limbs
Permanent impairment of movement to the extent that the use of public transportation by the person would be hazardous
Permanent mental disability to the extent that the use of public transportation by the person would be hazardous
Permanent sight impairment to the extent that the person is not eligible to hold a driver's licence

Disability Start Date
YYYY / MM / DD

Start date of the above medical condition

Doctor or nurse practitioner's certification — I certify that, to the best of my knowledge, the above information is true and correct.

Check (✓) one: I am a doctor I am a nurse practitioner

Name of Doctor or Nurse Practitioner (print clearly or use a stamp) Telephone Number
Fax Number

Address of Doctor or Nurse Practitioner (include street or PO box, city and province) Postal Code

Signature of Doctor or Nurse Practitioner (type your name to sign electronically) Date Signed
YYYY / MM / DD

When completed, return this page to the registrant to submit with their registration.