

Medical Information

A licensed physician, chiropractor, nurse practitioner (extended class), physiotherapist or occupational therapist may certify the applicant's condition on this application.

The applicant has a permanent physical disability that prevents or restricts their ability to physically clear snow off of their property.

I hereby certify the applicant has a permanent physical disability and meets the necessary eligibility requirements as listed above.

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DD	MM	YYYY

[illegible]

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