

Temporary Disability Registration Form (TC/Taxibus)

- The temporary disability must be for a duration of less than six (6) months and require the use of a mobility aid.
- The user must adhere to the rules of operation for public transport/taxibus.
- All fields must be completed.
- Please allow a 2 working day period after receiving your registration to proceed with the first booking.

User Identification

Name and Surname:			
Residence Name, if applicable:			
Name and Surname of the responsible person at the residence:			
Address:	Civic Number	Street	Apartment
	Municipality		Postal Code
Date of Birth (dd, mm, yyyy):			
Phone Numbers:	Home	Office	Cell
Email:			
Language(s)	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other		

Disability

Mobility Aids	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Crutches
Evaluated Duration of the Disability:	

Contact Information of Treating Professional

Name and Surname:	
Phone Number:	

- ☐ I have attached the medical document attesting to the nature and duration of my disability.

Emergency Contact

Name and Surname:			
Relationship to the user:	<input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Employer <input type="checkbox"/> Other		
Phone Numbers:	Home	Office	Cell
Language(s):	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other		

- ☐ I certify that the information provided is accurate. I understand that any false statement may result in the refusal or revocation of my registration.
- ☐ I authorize the transmission of personal information to the MRC de Brome-Missisquoi. These data will be shared with carriers, organizations, and any other necessary entities for a specified duration. They will be used for transportation planning purposes. You have the right to access and correct this information by contacting us, as well as the option to revoke your consent at any time, although this may affect our service. Please refer to our Privacy Policy at this link: [MRC of Brome-Missisquoi's privacy policy \(French only\)](https://www.mrcbm.qc.ca/privacy-policy)

Please save your completed form on your computer (Option "Save as" in the "File" menu), attach it to your email (insert file), and send it to the following address: transport@mrcbm.qc.ca.
The document saved on your computer will be your copy.