

# Bell Accessibility Certification Form

At Bell, we are committed to making our services more accessible and have introduced new products and enhanced services tailored to meet the needs of our customers.

Our Accessibility Services Center helps customers who have hearing or visual impairment, speech impediment, physical mobility limitations or cognitive issues so they can get the most out of their Bell services. We offer our customers accessible options for mobility and home phone services. We also provide a Directory Assistance Exemption for home phone & mobility customers, which includes customers over the age of 65.

**NOTE:** If you are over the age of 65, a certification form is not required. Please contact the Accessibility Services Centre directly to request the exemption using the contact information below.

## Instructions

To register please have this form completed by EITHER a medical practitioner or a representative of an organization who can attest to your medical disability:

- For hearing disabilities: Medical doctor or audiologist
- For speaking disabilities: Medical doctor or speech-language pathologist
- For visual disabilities: Medical doctor, optometrist or ophthalmologist
- For physical mobility or cognitive issues: Medical doctor
- A representative of an organization can also attest on your behalf

Please indicate the reason for the certification form:

Disability Certification (.90¢ Accessibility credit home phone)

2GB Accessibility Add-On (mobile)

411 directory assistance exemption (mobile / home phone)

The completed certification form may be submitted to the Bell Accessibility Services Centre using either of the following methods:

1. **By E-mail:** [accessible@bell.ca](mailto:accessible@bell.ca)

2. **By Mail:**

Accessibility  
P.O. Box 8787  
Downtown Station  
Montréal, Quebec  
H3C 4R5

For questions, please call the Bell Accessibility Services Centre at 1-800-268-9243 or contact us by e-mail at [accessible@bell.ca](mailto:accessible@bell.ca).

To contact the Bell Accessibility Services Centre using TTY:

English: 1-800-268-9242

French: 1-800-361-6476



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## Applicant Information

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Certification of Disability\*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

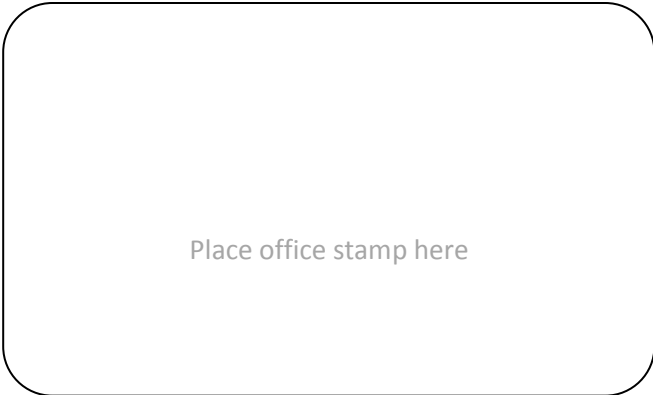
Organization name: \_\_\_\_\_

Business address: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



\* Must be completed by a medical practitioner or a representative of an organization that can attest to the applicant's medical disability. **Bell is not responsible for any charges incurred to obtain certification.**