

# Parking Permit Application

9:00 a.m. — 4:30 p.m. Monday to Friday  
 4445 Norfolk Street, Burnaby BC V5G 0A7 Tel: 604-718-7744  
 permits@sparc.bc.ca  
 www.sparc.bc.ca



## 1. Applicant Information

### Step 1

To be completed by the applicant. **Please Print Clearly.**

Have you applied for a SPARC BC parking permit before? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, permit #
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
APPLICANT'S FIRST NAME(S)		MIDDLE NAME(S)	FAMILY OR LAST NAME	
MAILING ADDRESS (Apt. No, P.O. Box or RR#)			(Number & Street)	
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ( )	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	DATE OF BIRTH (YY/MM/DD)	EMAIL ADDRESS	

## 2. Physician's Assessment

### Step 2

To be eligible for a parking permit, this section **MUST be completed in full & SIGNED** by your **DOCTOR.**

<b>APPLICANT'S NAME</b> (Should be the same as applicant in Step 1)	
MEDICAL NAME OF DISABLING CONDITION(S)	<b>FOR OFFICE USE ONLY</b> (Disability Code)
<b>PATIENT ELIGIBILITY (Please check all that apply)</b>	
<input type="checkbox"/> Applicant has a disability that affects mobility and the ability to walk specifically	<input type="checkbox"/> Applicant requires the use of a mobility aid in order to travel any distance
<input type="checkbox"/> Applicant can NOT walk 100 meters without risk to health	<input type="checkbox"/> Other (please explain) _____
<b>PROGNOSIS</b>	
This patient is experiencing a mobility impairment which is (CHECK ONE ONLY)	
<input type="checkbox"/> Permanent (Permit must be renewed every 3 years)	
<input type="checkbox"/> Temporary (If temporary, please give the date below by which the disability is likely to cease)	
Temporary Permit will expire on: _____ 20_____ (Maximum 1 year)	
<input type="checkbox"/> ___ weeks <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 8 months <input type="checkbox"/> other _____	
<b>PHYSICIAN'S CERTIFICATION</b>	<b>PHYSICIAN'S ADDRESS STAMP</b>
For the above reasons, it is my opinion that the patient has a mobility impairment that poses a risk to their health by walking 100 metres. I hereby certify that, to my knowledge, the above information is true and correct.	
Physician's Signature _____ Please note: Stamps or photocopies will not be accepted	
Date _____	
<b>PHYSICIAN'S NAME (Please Print)</b>	<b>PHYSICIAN'S TELEPHONE NUMBER</b> <b>PHYSICIAN'S MSP Number</b>

### Important

Your physician has to sign their name, complete with the telephone number, your physician's MSP number and an address stamp.

### Do not fax

Faxed applications will not be accepted.

### Please note

All applications are subject to eligibility criteria.

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX			
<input type="checkbox"/> PERMANENT	Expiry Date:	Expiry Date:	Expiry Date:
<input type="checkbox"/> TEMPORARY	Permit #:	Permit #:	Permit #:
<input type="checkbox"/> APPROVED	Expiry Date:	Expiry Date:	Expiry Date:
<input type="checkbox"/> P.I.D. (Personal ID#)	Permit #:	Permit #:	Permit #:

**Please turn over for payment & donation information**

### 3. Important Information about Your Permit

#### Step 3

Please read this!

Only one permit per applicant will be issued. Permits issued for permanent disabilities must be renewed every three years. Temporary permits will be valid for a period of time as determined by the physician (for maximum one year). It is the applicant's responsibility to ensure that his/her physician (only) has completed STEP 2. The applicant is responsible for ensuring this form is completed and for any charges made for its completion. By submission of this signed form I agree to be responsible for the appropriate use of the permit and understand that it is for my use only. I understand that SPARC BC needs to collect certain information about me, and to use and disclose that information for certain purposes. Specifically, I understand that SPARC BC collects personal information (including my name, home address, telephone number, email address and other necessary contact information) and medical information (including the nature of my mobility disability) in order to permit SPARC BC to determine my eligibility for a disabled parking permit and to administer my parking permit (for example, to contact me in the future about the renewal of the permit). Additionally, I understand that SPARC BC may contact my medical doctor to verify the nature of my disability and my eligibility for a permit. Further, I understand that some personal

information collected by SPARC BC may be used to enforce disabled parking within British Columbia. For example, I understand that SPARC BC may disclose my age, gender, reported use of a mobility aid, and whether or not my impairment is of a visible or non-visible nature to an enforcement officer in order to verify that the permit is not being used by someone other than me, the permit holder. I understand that SPARC BC may use my contact information to contact me in the future regarding membership opportunities or to solicit donations to support its activities. All information will be collected, used and disclosed in a manner consistent with SPARC BC's Privacy Policy, and with applicable laws. My signature on this form constitutes my consent to the collection, use and disclosure of information by SPARC BC for the purposes described above, and for the disclosure by my medical doctor for the release of medical information to SPARC BC for the purposes described above. I understand that I may withdraw or change my consent at any time, in respect of my personal information and in respect of any of the purposes described above by contacting SPARC BC by email (permits@sparc.bc.ca) or by phone at (604) 718-7744.

#### Step 4

Applicant or power of attorney or legal guardian must sign or it will be returned.

### 4. Signature

#### I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT

SIGNATURE OR MARK (X) OF APPLICANT OR POWER OF ATTORNEY OR LEGAL GUARDIAN

X \_\_\_\_\_

DATE \_\_\_\_\_

**IF YOU HAVE POWER OF ATTORNEY: A COPY OF THE POWER OF ATTORNEY MUST BE ATTACHED TO THIS APPLICATION OR IT WILL BE RETURNED.** (Power of Attorney or Legal Guardian should only sign if applicant cannot be responsible for a legal permit)

#### Important Power of Attorney?

If you are the power of attorney for the applicant, a copy of your POA must be attached to this application or it will be returned.

#### IF YOU HAVE POWER OF ATTORNEY OR ARE THE LEGAL GUARDIAN, PLEASE COMPLETE THIS PART

FIRST NAME(S)	MIDDLE NAME(S)	FAMILY OR LAST NAME	
MAILING ADDRESS (Apt. No, P.O. Box or RR#)		(Number & Street)	
CITY	PROVINCE	POSTAL CODE	TEL NUMBER ( )
RELATIONSHIP TO APPLICANT		<input type="checkbox"/> Yes, I have enclosed a copy of my POA	

### 5. Payment Information & Donation Opportunity

#### Step 5

**No Cash Please**  
Cheques, debit, credit cards and money orders are acceptable.

#### Please Donate!

SPARC BC is a registered charity working to improve accessibility and strengthen communities.

ITEMS	PAYMENT
1. SPARC BC Permit Processing Fee \$23.00	= \$23.00
2. Please Consider Making a Donation to SPARC BC Did you know that SPARC BC is a registered non-profit society and federally registered charity and that we receive no government funding for the delivery of the Parking Permit Program for People with Disabilities? This means that we rely on the generosity and support of our members and donors. Please consider making a donation today. Your donation helps to support our outreach to local governments and allows us to educate the driving public about the need for accessible parking. It also helps us to work with community partners across British Columbia to ensure that our communities are as accessible and inclusive as possible.  Charitable registration number# 12168 3916 RR0001	= _____
3. Method of Payment (NO CASH PLEASE) <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order (Please make cheques payable to SPARC BC & allow 2-3 weeks for processing)  Card Number _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard expiry date: ____/____/____  Signature _____	<b>Total:</b>  = \$ _____

**NOTE:** SPARC BC collects certain personal information from our members and donors during the course of your financial support of the organization in order to manage our relationship with you. For example, as a federally registered charity we collect your name, telephone number and address in order to issue you a tax receipt. Additionally, SPARC BC uses that information to contact you for future donations to support our programs, renew membership, and issue copies of our member newsletter. The submission of this form constitutes your consent to the collection and use of information for the purposes described above. You may withdraw or change your consent at any time, in respect of your personal information and in respect of any of the purposes described above, by contacting SPARC BC by email info@sparc.bc.ca or phone at (604) 718-7744. Additionally, on approval of SPARC BC's Board of Directors, SPARC BC may periodically share your contact information with other charitable organizations within BC, so that they may contact you about their local programs. In all cases these organizations would have goals and charitable purposes similar to SPARC BC. No financial information will ever be shared. If you do not wish to have your information used in this manner please contact us by email info@sparc.bc.ca or phone at (604) 718-7744.