



people. planning. positive change.

9:00 a.m. — 4:30 p.m. Monday to Friday
4445 Norfolk Street, Burnaby B.C. V5G 0A7 Tel: 604-718-7744 or 1-888-718-7794
permits@sparc.bc.ca | www.sparc.bc.ca



Parking Permit Renewal Form

1. Applicant Information

Form with fields for Applicant's First Name(S), Middle Name(S), Family or Last Name, Mailing Address, City, Province, Postal Code, Telephone Number, Gender (Female, Male, Other), Date of Birth, and Email Address.

2. Previous SPARC BC Parking Permit Number

Form with question: DO YOU HAVE YOUR PREVIOUS SPARC BC PARKING PERMIT NUMBER? and checkboxes for Yes/No.

3. Physician Information

Form with fields for Physician Name, Physician Address, and Physician Telephone Number.

4. Payment Information

Table with 2 columns: ITEMS and PAYMENT. Includes permit fee, donation section, and payment method section with checkboxes for Cheque, Money Order, Visa, and Mastercard.

Please turn over to read Rules of Use and Privacy Statement

5. Rules of Use

All applications for a SPARC BC Parking Permit are subject to the following terms and conditions. Please review this information carefully and provide your consent where indicated below.

CONDITIONS:

- All parking permit applications require a referral from your doctor and you must meet the eligibility requirements for the program.
- Only one permit per applicant will be issued.
- Permits issued for permanent disabilities must be renewed every three years.
- Temporary permits are valid for a maximum period of twelve (12) months with the actual time or duration of the permit to be determined by your physician.
- SPARC BC reserves the right to review and rescind your permit if the information that you have provided on your application form is inaccurate or if you violate the Rules of Use of the Parking Permit Program.

6. Signature

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT
SIGNATURE (APPLICANT OR POWER OF ATTORNEY / LEGAL GUARDIAN)

DECLARATION:

By signing below, you confirm and declare that all information provided by you is accurate and complete, and that this application is to obtain a parking permit for your own personal use.

You further acknowledge that the permit is not transferrable, and that any misuse of the permit or violation of the Rules of Use for the program may result in immediate cancellation of your permit.

X

DATE _____

I am the Power of Attorney (*Please see attached P.O.A.*) I am the Legal Guardian

PRIVACY NOTICE AND CONSENT:

SPARC BC is subject to the Personal Information Protection Act (the "Act") and all personal information collected, used and disclosed by SPARC BC about permit applicants is subject to the Act. Please review our Privacy Policy on our website for further information about our practices and our commitment to you.

SPARC BC collects, uses and discloses personal information related to your Parking Permit application for the following purposes:

- Assessing your application and your eligibility for a permit;
- Communicating with you about your permit, including for renewal and enforcement purposes;
- Confirming the validity of your permit upon inquiry from law enforcement or parking officials;
- Other purposes related to the administration of the Parking Permit Program for People with Disabilities or to comply with other legal or regulatory requirements.

Information collected for these purposes may include:

- Your name, home address, telephone number, email address and other necessary contact information;
- Information on specific mobility or health-related conditions to help us to determine your eligibility for a Parking Permit.

By signing this form, you authorize SPARC BC to contact your medical doctor to verify the nature of your disability and your eligibility for a permit, and you authorize your doctor to release this information to us.

You also acknowledge that SPARC BC may be contacted by law enforcement officials to confirm that you are a valid permit holder and to confirm that the permit is not being used by someone other than you. For these purposes, you authorize SPARC BC to disclose, if requested, your age, gender, reported use of a mobility aid and the community where you live (but not your address unless required by law).

All information will be collected, used and disclosed in a manner consistent with SPARC BC's Privacy Policy, and with the Act.

You acknowledge and agree that your signature on this form constitutes your consent for SPARC BC to collect, use and disclose your personal information for the purposes described above. You may withdraw your consent to the collection, use and disclosure of your personal information at any time, but you acknowledge that SPARC BC cannot issue or maintain a permit in your name if such consent is withdrawn.

Please direct any questions about this form for the collection, use and disclosure of your personal information to SPARC BC's Privacy Officer by sending an email to privacy@sparc.bc.ca or by phoning 604-718-7732.