

# Parking Permit Renewal Form



**PLEASE RETURN YOUR COMPLETED FORM**

By mail or in person:  
4445 Norfolk Street  
Burnaby BC, V5G 0A7

By e-mail:  
[permits@sparc.bc.ca](mailto:permits@sparc.bc.ca)

Office Hours: 9am—4:30pm, Monday—Friday  
(excluding Statutory Holidays)  
Telephone: 604-718-7744 or 1-888-718-7794

## 1. Applicant Information

APPLICANT'S FIRST NAME(S)	MIDDLE NAME(S)	FAMILY OR LAST NAME	
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ( )
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER GENDER: _____			DATE OF BIRTH (YY/MM/DD)
EMAIL ADDRESS (to renew online in the future)			




## 2. Previous SPARC BC Parking Permit Number

<b>DO YOU HAVE YOUR PREVIOUS SPARC BC PARKING PERMIT NUMBER?</b>	
<input type="checkbox"/> Yes, my previous permit number is: _____	<input type="checkbox"/> No, I do not have the number

## 3. Physician Information

PHYSICIAN NAME	
PHYSICIAN ADDRESS	PHYSICIAN TELEPHONE NUMBER

## 4. Payment Information

ITEMS	PAYMENT
<b>1. PERMIT FEE \$31.00</b>	= \$31.00
<b>2. PLEASE CONSIDER MAKING A DONATION TO SPARC BC</b> Accessible parking makes communities complete. Please consider making a small donation to SPARC BC. Your donation helps keep the Parking Permit Program strong and helps support our work in communities across B.C.	= \$ _____
<b>3. METHOD OF PAYMENT (NO REGULAR DEBIT OR CASH PLEASE)</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/>  Visa <input type="checkbox"/>  Mastercard (Please make cheques payable to SPARC BC & allow 2-3 weeks for processing)	<b>Total:</b>  = \$ _____
CARD NUMBER: _____ CVV CODE: <input type="text"/> <input type="text"/> <input type="text"/> 	
EXPIRY DATE: _____/_____/_____	
SIGNATURE: _____	

## 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 applicant  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](mailto:privacy@sparc.bc.ca) or by phoning 604-718-7732.