Parking Permit Application Form

Richmond Centre for Disability
100 - 5671 No. 3 Rd.
Richmond, B.C. V6X 2C7
Hours: 9am to 4pm

Tel: 604 232 2404
Fax: 604 232 2415
rcd@rcdrichmond.org
www.rcdrichmond.org

User No.
Permit No.
Receipt No.
Date

Office Use Only

Step 1

To be completed by the applicant. Please Print Clearly.

1. Applicant Information

Have you applied for a parking permit before? ☐ YES ☐ NO If yes, permit #

APPLICANT'S FIRST NAME(S)	MIDDLE NAME(S)	FAMILY OR LAST NAME

MAILING ADDRESS

CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER

☐ FEMALE ☐ MALE	DATE OF BIRTH (YY/MM/DD)	EMAIL ADDRESS

Step 2

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

2. Physician's Assessment

APPLICANT'S NAME (Should be the same as applicant in Step 1)

MEDICAL NAME OF DISABLING CONDITION(S)

PATIENT ELIGIBILITY (Please check one)

☐ Applicant has a disability that affects mobility and the ability to walk specifically

☐ Applicant can NOT walk 100 meters without risk to health

☐ Applicant requires the use of a mobility aid in order to travel any distance

☐ Other (please explain) _____

_____

PROGNOSIS

This patient is experiencing a mobility impairment which is (CHECK ONE ONLY)

* Please note that should a temporary permit holder require a longer period of recovery the applicant, will have to reapply after the date specified.

◯ Permanent (Permit must be renewed every 3 years)

◯ 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**)

PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S TELEPHONE NUMBER	PHYSICIAN'S MSP Number

PHYSICIAN'S CERTIFICATION

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 _____

PHYSICIAN'S ADDRESS STAMP

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.

Please turn over for payment & donation information

Step 3

Please read this!

3. Important Information about Your Permit

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 a maximum 1 year). It is the applicant's responsibility to ensure his/her physician has completed PART 2.

By submission of this signed form, I agree to be responsible for the appropriate use of the permit, and I understand it is for my use only. I understand the RCD may contact my medical doctor to verify the nature of my disability and my eligibility for a permit. Furthermore, I understand that information collected by RCD, may be used by RCD or an enforcement officer to fulfill any legal obligations. **Otherwise all personal information will remain strictly confidential.**

WARNING

- Due to the excessive abuse of the accessible parking permits, it has become necessary to implement more stringent measures when issuing the permits.
- Please be advised that the permit is for your sole use only. THIS IS NOT A PERMIT FOR EVERY FAMILY MEMBER TO USE OR ABUSE.
- Also note, that when you use your permit, you need to have ID on your person, so that any enforcement officer may confirm the details on your permit are indeed the same as your ID.
- If we receive any complaints about the misuse or abuse of your parking permit, it could result in the permit being cancelled, and also jeopardise any future Parking Permits being issued.
- At the same time, if you witness any misuse or abuse of a parking permit, please make a note of the permit number, and contact our office with details of the incident, so that we may take further action.

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		☐ Yes, I have enclosed a copy of my POA	

Step 5

DO NOT MAIL CASH

cheques, debit, credit cards and money orders are acceptable.

5. Payment Information & Donation Opportunity

ITEMS	PAYMENT
1. **Permit Fee of $ 23.00 enclosed**	**= $23.00**
2. **I would like to donate $** _____ to Richmond Centre for Disability Any donations are gratefully received by the RCD, and contribute significantly towards providing services, skills and information to persons with disabilities, thus enabling them to lead more independent lives. We thank you for any donation you may contribute. ☐ I request a Tax receipt for my donation (Tax receipts only issued for amounts over $20) **(Charity registration number# 88832 8432 RR0001)**	= $ _____
3. Method of Payment (Please make cheques payable to RCD) ☐ Cheque ☐ Money Order ☐ Cash ☐ Visa ☐ Mastercard ☐ Debit Card Number _____ expiry date: _____/_____ Signature _____	Total: = $ _____

Please Donate!

The RCD is a registered charity working to improve accessibility and strengthen communities.