Parking Permit Application

Richmond Centre for Disability
#842 – 5300 No. 3 Road *(Lansdowne Centre)*
Richmond BC V6X 2X9
Hours: 10 am – 4 pm, Mon. – Fri.

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

User ID
Permit No.
Receipt No.
Date

(Office Use Only)

1. Applicant Information

APPLICANT'S FIRST NAME(S)	MIDDLE NAME(S)	FAMILY or LAST NAME
MAILING ADDRESS		
CITY / PROVINCE / POSTAL CODE		TELEPHONE NUMBER ( )
❑ FEMALE ❑ MALE ❑ OTHER GENDER_____		DATE OF BIRTH (YYYY/MM/DD)
EMAIL ADDRESS (to renew online in the future)		

2. Previous BC Parking Permit

HAVE YOU HAD A BC PARKING PERMIT BEFORE?

❑ Yes. If yes, please provide the previous permit# _____

❑ No, this is my first time to applying for a Parking Permit.

3. Physician Assessment and Confirmation of Eligibility

This section MUST be completed by your doctor.

I AM RECOMMENDING THE FOLLOWING CLIENT FOR A BC PARKING PERMIT:

NAME OF APPLICANT:

DOES THE MEDICAL OR DISABILING CONDITION CAUSE LOSS OF MOBILITY? ❑ YES ❑ NO

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

❑ Applicant can NOT walk 100 meters without risk to their health

❑ Applicant requires the use of a mobility aid to travel any distance (wheelchair, walker, scooter, or cane)

❑ Other including safety concerns – Please explain:

_____

_____

_____

RECOMMENDATION – THIS CLIENT REQUIRES THE FOLLOWING PERMIT:

❑ Permanent (***Permit must be renewed every 3 years***)

❑ Temporary (please indicate below the length of time the permit is required)

Temporary Permit will expire on _____ 20_____ (***Maximum 1 year***)

or ❑ 1 month ❑ 3 months ❑ 6 months ❑ 9 months ❑ 12 months ***from date of assessment***

PHYSICIAN CERTIFICATION

PHYSICIAN NAME (Please Print)	PHYSICIAN TELEPHONE NUMBER	PHYSICIAN MSP NUMBER

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 SIGNATURE_____

DATE OF ASSESSMENT_____

PHYSICIAN ADDRESS / STAMP

4. Payment Information

ITEMS	PAYMENT
1. PARKING PERMIT PROCESSING FEE $26.00	= $26.00
2. I would like to donate $_____ to Richmond Centre for Disability Any donations are gratefully received by the RCD and contribute significantly towards providing service and resources to persons with disabilities, thus enabling them to lead more independent lives. We thank you for any donation you many 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 ❑ Cheque ❑ Money Order ❑ Visa ❑ Mastercard ❑ Debit Card ❑ Cash *(Please make cheques payable to **RCD**)* **CARD NUMBER:** _____ **EXPIRY DATE:** _____ / _____ **SIGNATURE:** _____	Total = $_____

5. Rules of Use

All applications for a BC Parking Permit are subject to the following terms and conditions. Please review this information carefully and provide your consent were 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.
- RCD 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 and Declaration

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 that 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:

RCD is subject to the Personal Information Protection Act (the "Act") and all personal information collected, used, and disclosed by RCD about permit applicants is subject to the Act. Below is the information about our practices and our commitment to you.

RCD 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 RCD 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 RCD may be contacted by law enforcement officials to confirm that you a valid permit holder and to confirm that the permit is not being used by someone other than you. For these purposes, you authorize RCD 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 RCD's Privacy Policy, and with the Act.

You acknowledge and agree that your signature on this form constitutes your consent for RCD to collect, use and disclose your personal information at any time, but you acknowledge that RCD cannot issue or maintain a permit in your name if such consent is withdrawn.