



Opening Doors Today
to Create a Better Tomorrow
for People with Disabilities

DISABLED PARKING PERMIT APPLICATION

HOURS 9:30 AM - 4:30 PM
MONDAY - FRIDAY
Cost: \$18.00

We accept payment by cash,
credit and/or debit cards (in
person) only, & cheque or money
order. (payable to People In
Motion)



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Office Use Only

PART A TO BE COMPLETED BY THE APPLICANT (Please Print)

APPLICANT'S FIRST NAME(S)		FAMILY OR LAST NAME	
MAILING ADDRESS (Apt. No., P.O. Box or RR #)		(Number & Street)	EMAIL ADDRESS
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ()
DATE OF BIRTH YYYY	MM	DD	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

PART B CONDITIONS FOR PARKING PERMIT HOLDERS

Only one permit per applicant will be issued.

The applicant is responsible for ensuring the form is fully completed and for any charges owed 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.

Furthermore, I understand that People In Motion needs to collect certain personal information about me and to use and disclose it for certain purposes. Specifically those purposes are:

1. to determine my eligibility for a disabled parking permit (which can include contacting my Physician)
2. to administer my disabled parking permit (i.e. contacting me re renewal)
3. to support law enforcement of disabled parking (i.e. verifying the permit is not being used by someone other than me, the permit holder)

I understand that all information will be collected, used and disclosed in a manner consistent with People In Motion's Privacy Policy.

My signature on this form also constitutes my consent for the collection, use and disclosure of my personal information by People In Motion for the purposes described above.

SIGNATURE or MARK (X) OF APPLICANT or POWER OF ATTORNEY or LEGAL GUARDIAN DATE
NOTE Power of Attorney or Legal Guardian should only sign if applicant cannot be responsible for a legal permit.

TO BE COMPLETED ONLY IF SIGNED BY POWER OF ATTORNEY OR LEGAL GUARDIAN

FIRST NAME(S)		FAMILY OR LAST NAME	
MAILING ADDRESS (Apt. No., P.O. Box or RR #)		(Number & Street)	
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ()
RELATIONSHIP TO APPLICANT			

PLEASE HAVE YOUR PHYSICIAN COMPLETE PART C on the REVERSE

PART C TO BE COMPLETED BY A MEDICAL DOCTOR AUTHORIZED TO PRACTICE IN BC (Please print)

APPLICANT'S NAME (Should be the same as applicant in Part A - see reverse)

GIVE MEDICAL NAME OF DISABLING CONDITION(S)

HOW DOES THIS IMPAIR MOBILITY? (Please check one)

- Applicant requires the use of a mobility aid in order to travel any distance
- Applicant has a disability that affects mobility and the ability to walk specifically
- Applicant can NOT walk 100 meters without risk to health and safety
- Other (please explain)

PROGNOSIS

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

- PERMANENT (permit must be renewed every three years)
- TEMPORARY for 3 MONTHS 6 MONTHS 1 YEAR

Temporary Permit Holders need to reapply should they continue to need a permit.

PHYSICIAN'S CERTIFICATION: for the above reasons, it is my opinion that the patient should be eligible for a disabled person's parking permit. I hereby certify that to my knowledge, the above information is true and correct.

SIGNATURE OF THE PHYSICIAN

DATE

NOTE: *Signature stamps will not be accepted*

PHYSICIAN'S NAME (Please Print)

MSP NUMBER

MAILING ADDRESS (Apt. No., P.O. Box or RR #) (Number & Street)

ADDRESS STAMP

CITY

PROVINCE

POSTAL CODE

TELEPHONE NUMBER

()

PART D STATISTICAL INFORMATION (this data will help us to improve accessibility in BC):

PLEASE INDICATE MOBILITY AID(S) USED:

- Walking aid (cane, walker, crutches, etc.)
- Scooter
- Not Applicable
- Wheelchair (manual or motorized)
- Other

YOUR PERMIT WILL BE USED IN A VEHICLE WITH A (check all that apply)

- Side lift
- Rear lift
- Raised roof
- Car
- Truck
- None of these

Are you the Driver Passenger

I REQUIRE PARKING THAT IS: Standard sized Extra Wide Extra long