



## Parking Permit Application

### 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

**Step 1**  
To be completed by the applicant. Please Print Clearly.

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)								

**Step 2**  
Have you ever had a SPARC BC Parking Permit before?

### 2. Previous SPARC BC Permits?

HAVE YOU HAD A PARKING PERMIT BEFORE WITH SPARC BC?	
<input type="checkbox"/> Yes	If yes, please provide the previous permit # _____
<input type="checkbox"/> No	this is my first SPARC BC Parking Permit

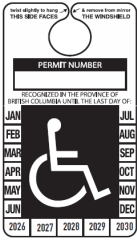
**Steps 3-5**  
Physician Referral and Recommendation  
This section MUST be completed by your doctor.

### 3. Physician Assessment and Confirmation of Eligibility

I AM RECOMMENDING THE FOLLOWING CLIENT FOR A SPARC BC PARKING PERMIT:	
Patient name:	
Does your client have a mobility related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES THE MEDICAL OR DISABLING CONDITION MEET THE FOLLOWING CRITERIA? (PLEASE CHECK ALL THAT APPLY)	
<input type="checkbox"/> Applicant has a disability that affects their mobility and the ability to walk specifically  <input type="checkbox"/> Applicant can NOT walk 100 metres without risk to their health  <input type="checkbox"/> Applicant requires the use of a mobility aid to travel any distance (wheelchair, walker, scooter or cane)	<input type="checkbox"/> Other including safety concerns—Please explain: _____ _____ _____

### 4. Physician Recommendation

RECOMMENDATION—This patient requires the following permit:
<input type="checkbox"/> Permanent <input type="checkbox"/> Permanent, but condition may improve <input type="checkbox"/> Temporary (please indicate below the length of time the permit is required) Temporary Permit will expire on: _____ 20____ (Maximum 1 year) <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months



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**5. Physician Contact Information and Signature**

**Important**  
 Your physician must include their name, phone number, MSP number, contact information and address as well as sign and date the form.

PHYSICIAN CERTIFICATION		
PHYSICIAN NAME (Please Print)	PHYSICIAN TELEPHONE NUMBER	PHYSICIAN MSP NUMBER
<p>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.</p> <p>I hereby certify that, to my knowledge, the above information is true and correct.</p> <p>PHYSICIAN SIGNATURE _____</p> <p>DATE _____</p>		PHYSICIAN ADDRESS / STAMP

**6. Payment Information**

**Step 6**  
 Methods of payment include:

- cheque
- money order
- visa
- visa debit
- mastercard
- mastercard debit

We apologize but we **cannot** accept:

- cash
- regular debit

ITEMS	PAYMENT
<b>1. PARKING PERMIT PROCESSING FEE \$31.00</b>	<b>= \$31.00</b>
<p><b>2. CONSIDER MAKING A DONATION TO SPARC BC</b></p> <p>Did you know that SPARC BC is a non-profit society and federally-registered charity? We receive no government funding. Your donation helps to keep the Parking Permit Program strong and to support our research and advocacy on a range of social policy issues including accessibility, income security and poverty reduction, and housing and homelessness. Thank you for choosing to support SPARC BC. Our charity registration number is <b>12168 3916 RR0001</b>. All donations are tax deductible.</p>	= _____
<p><b>3. METHOD OF PAYMENT (NO CASH OR REGULAR DEBIT PLEASE)</b></p> <p><input type="checkbox"/> Cheque   <input type="checkbox"/> Money Order   <input type="checkbox"/>  Visa   <input type="checkbox"/>  Mastercard</p> <p>(Please make cheques payable to SPARC BC)</p> <p>CARD NUMBER: _____</p> <p>EXPIRY DATE: _____/_____/_____</p> <p>SIGNATURE: _____</p>	<b>Total</b>
	= \$ _____



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**Step 7**  
PLEASE  
READ THIS!

## 7. 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.

**Step 8**  
SIGNATURE AND  
CONSENT

## 8. 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 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.