



people. planning. positive change.

Parking Permit Application

9:00 a.m. — 4:30 p.m. Monday to Friday

4445 Norfolk Street, Burnaby B.C. V5G 0A7 Tel: 604-718-7744 or 1-888-718-7794

permits@sparc.bc.ca | www.sparc.bc.ca



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 Permits?

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

NAME OF APPLICANT:

DOES THE MEDICAL OR DISABLING CONDITION RESULT IN LOSS OF MOBILITY? Yes No

DOES THE MEDICAL OR DISABLING CONDITION MEET THE FOLLOWING CRITERIA? (PLEASE CHECK ALL THAT APPLY)

- Applicant has a disability that affects their mobility and the ability to walk specifically
- Applicant can NOT walk 100 metres 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:

Doctor's confirmation of eligibility continues on page 2

Parking Permit Application page 2 of 3



This section MUST be completed by your doctor.

RECOMMENDATION—THIS CLIENT REQUIRES THE FOLLOWING PERMIT:

- Permanent
- Permanent, but condition may improve
- Temporary (please indicate below the length of time the permit is required)
 - Temporary Permit will expire on: _____ 20____ (Maximum 1 year)
 - 1 month
 3 months
 6 months
 9 months
 12 months

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 _____		PHYSICIAN ADDRESS / STAMP

4. Payment Information

ITEMS	PAYMENT
1. PARKING PERMIT PROCESSING FEE \$26.00	= \$26.00
2. PLEASE CONSIDER MAKING A DONATION TO SPARC BC 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.	= \$ _____
3. METHOD OF PAYMENT (NO VISA DEBIT, MASTERCARD DEBIT, OR CASH PLEASE) <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (Please make cheques payable to SPARC BC) CARD NUMBER: _____ EXPIRY DATE: _____ / _____ CVV CODE: <input type="text"/> <input type="text"/> <input type="text"/> SIGNATURE: _____	Total = \$ _____



Parking Permit Application page 3 of 3

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 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 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 for 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 or by phoning 604-718-7732.