PARKING PERMIT PROGRAM FOR PEOPLE WITH DISABILITIES

APPLICATION FORM

Permit No. ______________
Renewal # ______________
Renewal # ______________
Renewal # ______________

Part A To be completed by the applicant or designate in the name of the person with the disability (PLEASE PRINT)

FIRST NAME OF DISABLED PERSON (and Business name, if applicable)	MIDDLE NAME	FAMILY OR LAST NAME	
MAILING ADDRESS (P.O. Box / R.R. # / Apt. No., Number and Street)		HOME ADDRESS	
CITY, TOWN OR VILLAGE	PROVINCE	POSTAL CODE	TELEPHONE NUMBER (Home)
DATE OF BIRTH (D/M/Y/)	FEMALE ☐ MALE ☐	TELEPHONE NUMBER (Work/Cell)	

IT IS AN OFFENSE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION

Only one permit will be issued per applicant. Permits issued for permanent disabilities must be renewed every three years. Permits which are not issued for permanent disabilities will be valid for a period of time as determined by the physician (maximum one year).

The applicant is responsible for ensuring this form is completed and for any charges made for its completion. It is the applicant's responsibility to ensure that her/his physician has completed this form. The applicant is responsible for sending the completed form to NRDRC at the address given below.

I agree to be responsible for the appropriate use of the permit. I understand the information above and hereby authorize the release of any information requested with respect to this application form to the NRDRC Parking Program for People with Disabilities.

____ ________________________

SIGNATURE OR MARK (X) OF APPLICANT OR DESIGNATE **DATE**

TO BE COMPLETED IF SIGNED BY POWER OF ATTORNEY OR LEGAL GUARDIAN			
GIVEN NAME(S)	FAMILY OR LAST NAME	HOME ADDRESS (Apt No., Number and Street)	
CITY, TOWN OR VILLAGE	PROVINCE	POSTAL CODE	TELEPHONE NUMBER (Home/Work)
RELATIONSHIP TO APPLICANT:			

PROCESSING FEE IS $18.00 FOR A PERMANENT (3 YR) AND $20.00 FOR A TEMPORARY PARKING PLACARD. THIS INCLUDES THE PERMIT.

WE ACCEPT DEBIT, VISA AND MC (IN OFFICE ONLY). PLEASE MAKE ALL CHEQUES/MONEY ORDERS PAYABLE TO:

NANAIMO & REGION DISABILITY RESOURCE CENTRE or NRDRC

#2 – 4166 Departure Bay Road, Nanaimo, B.C. V9T 4B7 Phone: 250 758-5547

Website: www.nrdrc.org FAX: 250 758-5504 email: parking_placards@nandrc.org

☐ **$18.00** FEE IS ENCLOSED

☐ **$20.00** FEE IS ENCLOSED

Donations above the application fee will be gratefully accepted and will help improve our support and programs for the disabled community.

OFFICE USE ONLY. DO NOT WRITE IN THIS AREA						
Permit No. 1 # ___________	Perm. ☐ Temp. ☐	Exp Date ____________ (M/Y)	Amt Rec'd $ _________	Pmt type ________	Rec'd by ______	Data Entry ______
Permit No. 2 # ___________	Perm. ☐ Temp. ☐	Exp Date ____________ (M/Y)	Amt Rec'd $ _________	Pmt type ________	Rec'd by ______	Data Entry ______
Permit No. 3 # ___________	Perm. ☐ Temp. ☐	Exp Date ____________ (M/Y)	Amt. Rec'd $ _________	Pmt type ________	Rec'd by ______	Data Entry ______
Permit No. 4 # ___________	Perm. ☐ Temp. ☐	Exp Date ____________ (M/Y)	Amt Rec'd $ _________	Pmt type ________	Rec'd by ______	Data Entry ______

Part B to be completed by an authorized medical doctor (PLEASE PRINT)

APPLICANT'S NAME (SHOULD BE SAME AS APPLICANT IN PART A - SEE REVERSE)

GIVE MEDICAL NAMES OF DISABLING CONDITION(S)

HOW DOES THIS IMPAIR MOBILITY? (Check all that apply)

☐ CANNOT WALK A DISTANCE GREATER THAN 100 METRES

☐ REQUIRES AN EXTRA WIDE PARKING SPACE TO ENTER OR EXIT A VEHICLE

☐ 0THER (please specify):

(Attach a separate sheet if more space is required)

PLEASE INDICATE MOBILITY AID(S) USED:

☐ CANE ☐ WALKER ☐ CRUTCHES ☐ WHEELCHAIR

☐ LEG BRACE ☐ N/A ☐ OTHER

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

PERMANENT ($18.00) **TEMPORARY ($20.00):** P*atient should be reassessed after:*

☐ ☐ 3 MONTHS ☐ 6 MONTHS ☐ 1 YEAR

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 MEDICAL DOCTOR
Note: Stamps or photocopies will not be accepted

DATE

PHYSICIAN'S NAME (**PLEASE PRINT, OR USE STAMP →**)

NAME & ADDRESS STAMP

ADDRESS (Number and Street) (P.O. Box or RR No.)

CITY, TOWN PROVINCE POSTAL CODE TELEPHONE NUMBER

Nanaimo & Region Disability Resource Centre
#2 – 4166 Departure Bay Road, Nanaimo, BC V9T 4B7
Ph: (250) 758-5547 Fax: (250) 758-5504
Email: parking_permits@nrdrc.org Website: www.nrdrc.org