

PARKING PERMIT APPLICATION

PART 1 - Applicant Information – PLEASE PRINT

First Name		Middle Name	Family or Last Name	
Mailing Address				
City		Prov.	Postal Code	DOB Day: Month: Year:
Telephone (Primary)	Telephone Number <input type="checkbox"/> Other _____		Email Address <input type="checkbox"/> Yes! I'd like renewal a reminder by email.	

LEGAL REPRESENTATIVE (IF ANY)

Name	Relationship To Applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Caregiver <input type="checkbox"/> Other: _____
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PART 2 - MEDICAL PROFESSIONAL DECLARATION

<input type="checkbox"/> Medical doctor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Chiropractor	<input type="checkbox"/> Physiotherapist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Nurse Practitioner	Applicant Eligibility (please check one) <input type="checkbox"/> applicant cannot walk 100 meters without risk to health <input type="checkbox"/> applicant requires the use of a mobility aid <input type="checkbox"/> other (please specify) _____
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Prognosis

This patient is experiencing a mobility impairment:

- ☐ Permanent disability. Renewable every 3 years. No further authorization needed.
- ☐ Temporary disability. 1 year reassessment by medical professional

Name of certifying medical professional – print legibly	Phone	Fax number
Medical professional authorization Medical professional signature: _____ Please note: stamps or photocopies will not be accepted. Date: _____ msp # or equivalent: _____ required		Medical professional's address Print or stamp – required

PART 3 - PAYMENT INFORMATION**1. PROCESSING FEE** (not the same as the medical professional's signing fee)☐ **\$35.00** (in person) **OR** ☐ **\$39.00** (mailed within 48 hours)

\$ _____

2. WE ARE A CHARITY!

NDRC is an independent charity that depends on donations to provide vital services for seniors and those with disabilities. Your gift would support our parking permit program, computer school, tax program or disability resource navigation.

Yes! I would like to top up my payment by:

☐ \$20 ☐ \$50 ☐ \$75 ☐ \$ _____

Donations issued for gifts of more than \$20. Charity #: 128031721RR0001

THANK YOU!

\$ _____

3. METHOD OF PAYMENT:

Please make cheques / money orders payable to NDRC

Please note: permit fees are non-refundable and subject to change.

☐ Cheque / Money Order ☐ Cash ☐ Debit (In Office Only)

Card number: _____ Exp. date: ____ / ____

☐ Visa ☐ MasterCard ☐ Amex

Signature: _____

TOTAL:

\$ _____

PART 4 – RETURN COMPLETED FORM AND PAYMENT TO:**Nanaimo Disability Resource Centre (NDRC)**

#2-4166 Departure Bay Rd. Nanaimo, BC, V9T 4B7

Hours: Monday-Friday 9:00-12:00 and 12:30-3:30

Phone/Fax: 250-758-5547

Email: parking@ndrc.info

Web: ndrc.info

IMPORTANT INFORMATION ABOUT YOUR PERMIT

- Only one permit per applicant will be issued. Permits issued for permanent disabilities must be renewed every three years.
- Applicants are responsible for ensuring their medical professional has completed Part 2.
- I understand NDRC may contact my medical professional to verify the nature of my disability and my eligibility for a permit.
- When the application is completed by a medical professional, it must be submitted to NDRC within 3 months or a new application will be required. Only original signed forms will be accepted.
- I understand that information collected by NDRC, may be used by NDRC or an enforcement officer to fulfill any legal obligations. Otherwise all personal information will remain strictly confidential.