





Parking Permit Application

Part 1 - Applicant Information-Please Print Clearly								
First Name		Middle Name		Far	Family or Last Name			
Mailing Address								
City		Prov.	Postal Code		DOB			
					Year:	Month:	Day:	
Telephone (Primary)	Telephone Num	ner		Email Addre	ess			
	☐ Yes! I'd like rer	minder by te	ext	☐ Yes! I'd like renewal a reminder by email.				
Legal Representative (If Any)								
Name Relations		nship To App	nip To Applicant:					
			□ Parent □ Child □ Spouse □ Caregiver □ Other:					
□ Power of Attorney								
Part 2 - Medical Profession	al Authorization							
□ Medical doctor	□ Physiotherapist		1	Applicant Eligibility (please check one)				
□ Occupational Therapist □ Podiatrist		''		cannot walk 100 meters without risk to health				
☐ Chiropractor ☐ Nurse Practitio		1 11		requires the use of a mobility aid				
□ Specialist		□ other (plea			ase specify)			
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		nt legibly	Phone	'hone		ax number		
Medical professional authorization		<u> </u>		Medical professional's address				
Modical professional signature					Print or stan	np – required		
Medical professional signature: Please note: stamps or photocopies will not be accepted.								
Please note: stamps or photocopies will not be accepted.								
Date: msp # or equivalent: require				ired				
Fav. 220 202					_		an cocond shoot	

Fax: 236-362-3028

☐ Call patient for payment

Email: Parking@ndrc.info

□ Patient will send E-Transfer

□ Payment information on second sheet

Part 3 - Payment Information						
Processing Fee (Separate from the medical professional's signing fe	ee)					
☐ \$35.00 (in person) <i>OR</i> ☐ \$39.00 (mailed within 48 hou	\$urs)					
We Are A Charity!						
NDRC is an independent charity that depends on donations to prove services for seniors and those with disabilities. Along with the parking program itself, your gift helps support our other to a linformation and Resource Referral Program • helps people navigate complicated government processes to access financial assistance. • Computer and Technology School • Helps disabled people and seniors gain greater independence by guiding them in 1-on-1 instruction with computers, cell phones and more. • Community Volunteer Income Tax Program						
Yes! I would like to top up my payment by:						
□ \$20 □ \$50 □\$75 □ \$						
Income Tax Receipts Available Charity#:128031721RR0001	Thank You!					
Method Of Payment:						
Please make cheques / money orders payable to NDRC Please note: permit fees are non-refundable and subject to cha	Total:					
☐ Cheque / Money Order ☐ Cash ☐ Debit (In Office Onl	ly)					
Card number: Exp. date: / □ Visa □ MasterCard □ Amex						
Signature:						
Part 4 – Return Completed Form and Payment To:						
#2-4166 Departure Bay Rd. Nanaimo, BC, V9T 4B7	Phone: 250-758-5547 Fax: 236-362-3028 Email: Parking@ndrc.info Web: ndrc.info					

Important Information About Disability Parking Permits

- Disability parking permits in BC are managed by independent non-profit organizations.
- Permits are issued to the person with the disability, regardless of who is driving.
- 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.