



Parking Permit Application

Part 1 - Applicant Information—Please Print Clearly

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

Part 2 - Medical Professional Authorization

<input type="checkbox"/> Medical doctor	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Specialist _____	

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) _____

Prognosis

This patient is experiencing a mobility impairment:

<input type="checkbox"/> Permanent disability. Renewable every 3 years. No further authorization needed.
<input type="checkbox"/> Temporary disability. 1 year reassessment by medical professional

Name of certifying medical professional – print legibly	Phone	Fax number
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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
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Part 3 - Payment Information

Processing Fee (Separate from the medical professional's signing fee)

\$ _____

\$35.00 (in person) **OR** **\$39.00** (mailed within 48 hours)

We Are A Charity!

NDRC is an independent charity that depends on donations to provide vital services for seniors and those with disabilities.

Along with the parking program itself, your gift helps support our other three programs:

- Information 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

Total:

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: _____ |CVV: _____

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: 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.