



**HOURS 9:00 AM – 4:30 PM**  
**Monday – Friday**  
 No cash accepted  
 All applications are subject to eligibility criteria.  
*Please do not fax or photocopy for distribution*



4445 Norfolk Street  
 Burnaby, BC V5G 0A7  
 (604) 718-7744  
 permits@sparc.bc.ca  
 www.sparc.bc.ca

**PART A TO BE COMPLETED BY THE APPLICANT (Please print)**

Have you applied for a SPARC BC parking permit before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, permit #			
APPLICANT'S FIRST NAME(S)		FAMILY OR LAST NAME	
MAILING ADDRESS (Apt. No, P.O. Box or RR #) (Number & Street)			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ( )
DATE OF BIRTH YYYY	MM	DD	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

**PART B CONDITIONS FOR PARKING PERMIT HOLDERS**

Only one permit per applicant will be issued. Permits issued for permanent disabilities must be renewed every three years. Temporary permits will be valid for a period of time as determined by the physician (for maximum one year).

It is the applicant's responsibility to ensure that his/her physician (only) has completed PART D (on the back of this form). The applicant is responsible for ensuring this form is completed and for any charges made for its completion.

By submission of this signed form I agree to be responsible for the appropriate use of the permit and understand that it is for my use only.

I understand that SPARC BC needs to collect certain information about me, and to use and disclose that information for certain purposes.

Specifically, I understand that SPARC BC collects personal information (including my name, home address, telephone number, email address and other necessary contact information) and medical information (including the nature of my mobility disability) in order to permit SPARC BC to determine my eligibility for a disabled parking permit and to administer my parking permit (for example, to contact me in the future about the renewal of the permit). Additionally, I understand that SPARC BC may

contact my medical doctor to verify the nature of my disability and my eligibility for a permit. Further, I understand that some personal information collected by SPARC BC may be used to enforce disabled parking within British Columbia. For example, I understand that SPARC BC may disclose my age, gender, reported use of a mobility aid, and whether or not my impairment is of a visible or non-visible nature to an enforcement officer in order to verify that the permit is not being used by someone other than me, the permit holder.

I understand that SPARC BC may use my contact information to contact me in the future regarding membership opportunities or to solicit donations to support its activities. All information will be collected, used and disclosed in a manner consistent with SPARC BC's Privacy Policy, and with applicable laws. My signature on this form constitutes my consent to the collection, use and disclosure of information by SPARC BC for the purposes described above, and for the disclosure by my medical doctor for the release of medical information to SPARC BC for the purposes described above. I understand that I may withdraw or change my consent at any time, in respect of my personal information and in respect of any of the purposes described above by contacting SPARC BC by email (permits@sparc.bc.ca) or by phone at (604) 718-7744.



<b>SIGNATURE or MARK (X) OF APPLICANT or POWER OF ATTORNEY or LEGAL GUARDIAN</b>	<b>DATE</b>
<b>NOTE</b> Power of Attorney or Legal Guardian should only sign if applicant cannot be responsible for a legal permit.	

**TO BE COMPLETED ONLY IF SIGNED BY POWER OF ATTORNEY OR LEGAL GUARDIAN**

FIRST NAME(S)		FAMILY OR LAST NAME	
MAILING ADDRESS (Apt. No, P.O. Box or RR #) (Number & Street)			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ( )
RELATIONSHIP TO APPLICANT			

**PLEASE HAVE YOUR PHYSICIAN COMPLETE PART D ON REVERSE**

**FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX**

PERMANENT <input type="checkbox"/>	Expiry date	Expiry date	Expiry date
TEMPORARY <input type="checkbox"/>	Permit #	Permit #	Permit #
APPROVED	Expiry date	Expiry date	Expiry date
P.I.D.	Permit #	Permit #	Permit #
	Expiry date	Expiry date	Expiry date
	Permit #	Permit #	Permit #

**PART C** PAYMENT (Please do not send cash in the mail)

PROCESSING FEE IS \$18.00  ENCLOSED – PAYABLE TO 'SPARC BC' (Please allow 2 - 3 weeks for processing)

My donation of \$ \_\_\_\_\_ enclosed (Donors of \$10 or more will receive a year's subscription to SPARC BC News)

Method of Payment (NO CASH PLEASE)  Cheque  Money Order  Visa  Mastercard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
MM / YY

Total Amount Authorizing For \$ \_\_\_\_\_

▶ SIGNATURE FOR CREDIT CARD PAYMENT

Financial assistance may be available with a written request.

SPARC BC collects certain personal information from our members and donors during the course of your financial support of the organization in order to manage our relationship with you. For example, as a federally registered charity we collect your name, telephone number and address in order to issue you a tax receipt. Additionally, SPARC BC uses that information to contact you for future donations to support our programs, renew membership, and issue copies of SPARC BC News. The submission of this form constitutes your consent to the collection and use of information for the purposes described above. You may withdraw or change your consent at any time, in respect of your personal information

and in respect of any of the purposes described above, by contacting SPARC BC by email info@sparc.bc.ca or phone at (604) 718-7733.

Additionally, on approval of SPARC BC's Board of Directors, SPARC BC may periodically share your contact information with other charitable organizations within BC, so that they may contact you about their local programs. In all cases these organizations would have goals and charitable purposes similar to SPARC BC. No financial information will ever be shared. If you do not wish to have your information used in this manner please contact us by email info@sparc.bc.ca or phone at (604) 718-7733.

**PART D** TO BE COMPLETED BY A MEDICAL DOCTOR AUTHORIZED TO PRACTICE IN BC (Please print)

APPLICANT'S NAME (Should be the same as applicant in Part A - see reverse)

GIVE MEDICAL NAME OF DISABLING CONDITION(S)	OFFICE USE ONLY (Disability Code)
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HOW DOES THIS IMPAIR MOBILITY? (Please check one)

- Applicant requires the use of a mobility aid in order to travel any distance
- Applicant has a disability that affects mobility and the ability to walk specifically
- Applicant can NOT walk 100 meters without risk to health and safety
- Other (please explain)

PROGNOSIS

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

- PERMANENT (permit must be renewed every three years)
- TEMPORARY (If temporary, please give the date by which the disability is likely to cease)

*Please note that should a temporary permit holder require a longer period of recovery he/she will have to reapply after the date specified.*

Permit will expire on: \_\_\_\_\_ 20\_\_\_\_ Maximum 1 year

PHYSICIAN'S CERTIFICATION

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.

▶ \_\_\_\_\_ DATE

SIGNATURE OF THE PHYSICIAN *Note: Stamps or photocopies will not be accepted*

PHYSICIAN'S NAME (Please Print)	MSP NUMBER
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MAILING ADDRESS (Apt. No, P.O. Box or RR #) (Number & Street)	ADDRESS STAMP
CITY PROVINCE POSTAL CODE	

TELEPHONE NUMBER ( )
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**PART E** STATISTICAL INFORMATION (this data will help us to improve accessibility in BC):

PLEASE INDICATE MOBILITY AID(S) USED:

- Walking aid (cane, walker, crutches, etc.)  Wheelchair (manual or motorized)
- Scooter  Not applicable  Other

YOUR PERMIT WILL BE USED IN A VEHICLE WITH A (check all that apply)

- Side lift  Rear lift  Raised roof  Car  Truck  None of these
- Are you the:  Driver  Passenger

I REQUIRE PARKING THAT IS:  Standard sized  Extra wide  Extra long

Please send me information about SPARC BC's activities