Victoria Disability Resource Centre
Promoting a new perspective on disability

817 A Fort Street
Victoria, BC V8W 1H6
250.595.0044
www.drcvictoria.com

BC PARKING PERMIT PROGRAM FOR PERSONS WITH DISABILITIES

APPLICATION FOR PARKING PERMIT

Permits can be purchased in-person at these locations:

Victoria Disability Resource Centre
817 A Fort St, Victoria

Wescom Medi-Lend Society
567 Goldstream Ave, Langford

SHOAL Centre
10030 Resthaven Dr, Sidney

PART A: TO BE COMPLETED BY THE APPLICANT (please print clearly)

APPLICANT'S FIRST NAME(S)	FAMILY OR LAST NAME	
MAILING ADDRESS	EMAIL ADDRESS	
CITY PROVINCE	POSTAL CODE	TELEPHONE NUMBER
DATE OF BIRTH _____ _____ _____ YEAR MONTH DAY	PRONOUN	

Have you applied for a VDRC permit before? ☐ Yes ☐ No If yes, Permit #_____

PART B: CONDITIONS FOR PARKING PERMIT HOLDERS

- **It is the applicant's responsibility to ensure that their Health Professional has completed PART C** (on the back of this form). The applicant is responsible for ensuring this form is completed and for any changes made for its completion. All applications are subject to eligibility criteria.
- ***ONE PERMIT PER APPLICANT:*** Permits issued for permanent disabilities must be renewed every three years. Temporary permits will be valid for a period of time as determined by your Health Professional (maximum one year). All personal information will remain strictly confidential.
- I agree to be responsible for the appropriate use of the permit. I understand that only I am permitted to use this permit. I understand the information above and hereby authorize the release of any information requested with respect to this application.

☐ I have read and understand the conditions of my parking permit.

_____ DATE:_____

SIGNATURE OR MARK (X) OF APPLICANT
OR POWER OF ATTORNEY OR LEGAL GUARDIAN*

*Power of attorney/legal guardian to sign only if applicant is unable to do so. A copy of Proof of Power of Attorney will be required.

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

FIRST NAME(S)	FAMILY OR LAST NAME
MAILING ADDRESS	
RELATIONSHIP TO APPLICANT	

All information must be completed for processing. When application is completed by a health professional, it must be submitted to the VDRC within 3 months or a new application will be required.

PART C: TO BE COMPLETED IN FULL BY A REGISTERED HEALTH PROFESSIONAL

☐ Medical Doctor ☐ Nurse Practitioner ☐ Occupational Therapist ☐ Physiotherapist

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

PROGNOSIS (please note this section must be completed)

This patient is experiencing a mobility disability that is (**CHECK ONE ONLY**):

☐ **PERMANENT** (Permit must be renewed every 3 years)

☐ **TEMPORARY** (Maximum of 1 year)

If TEMPORARY, please give the *estimated* date by which the disability is likely to cease*:

MONTH: _____ AND YEAR: 20_____.

*PLEASE NOTE: Should a temporary permit holder require a longer period of recovery, they will have to reapply for a permit after the date specified.

CERTIFICATION – *MUST BE COMPLETED IN FULL*

For the above reasons, it is my opinion that the patient has a mobility disability that poses a risk to their health by walking 100 meters. I hereby certify that to my knowledge, the above information is true and correct.

_____ _____

SIGNATURE OF HEALTH PROFESSIONAL
Original signature required

DATE

HEALTH PROFESSIONAL'S NAME (Please Print)	**MSP #**	**ADDRESS STAMP**
ADDRESS		
CITY PROVINCE	POSTAL CODE	TELEPHONE NUMBER

PART D: PAYMENT TO Victoria Disability Resource Centre

PROCESSING FEE (THIS IS SEPARATE FROM THE DOCTORS SIGNING FEE)

$25 ☐ if paying in person or **$27** ☐ If the permit is being mailed to the applicant.

DONATIONS ARE GRATEFULLY ACCEPTED : $_____

Donations of $20 or more receive a tax receipt via mail.

We thank you for any donation you may contribute.

Please make cheques payable to:
Victoria Disability Resource Centre

☐ VISA ☐ Mastercard EXPIRY DATE

_____ _____/_____ _____

CREDIT CARD NUMBER Month / Year CVD

I authorize $_____ Signature_____ Date_____

DONATIONS

For ongoing support, consider making a Monthly Donation through CanadaHelps:
https://www.canadahelps.org/en/charities/victoria-disability-resource-centre/

All amounts that add up to $20 or more by year end are eligible for a tax receipt.

Canada Helps.org
giving made simple