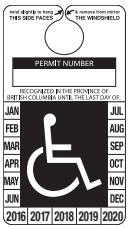
Parking Permit Application

9:30 a.m. — 4:30 p.m. Monday to Friday
182 B Tranquille Road, Kamloops, BC V2B 3G1
Phone/TTY: (250) 376-7878 or Toll Free: 1-877-414-4241 | Fax: 250-376-4689
www.peopleinmotion.org or information@peopleinmotion.org



1. Applicant Information

Step 1
To be completed by the applicant. Please Print Clearly.

APPLICANT'S FIRST NAME(S)	MIDDLE NAME(S)	FAMILY OR LAST NAME	
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ( )
❒ FEMALE ❒ MALE ❒ OTHER GENDER: _____			DATE OF BIRTH (YY/MM/DD)
EMAIL ADDRESS			

2. Payment Information

Step 2

We accept payment by:

- cash & debit cards (in person only)
- credit cards
- cheque
- money order

ITEMS	PAYMENT
1. PROCESSING FEE ❒ **PERMANENT PARKING PERMIT $40.00** ❒ **TEMPORARY PARKING PERMIT $25.00**	= _____
2. PARKING PERMIT PROTECTIVE POUCH (OPTIONAL)  ❒ **Yes, add a protective pouch for $7.00**	= _____
3. CONSIDER MAKING A DONATION TO PEOPLE IN MOTION (Donors of $10 or more will receive a Charitable Tax Receipt)	= _____
4. POSTAGE FEE FOR PERMITS SENT BY MAIL ❒ **Please send my Parking Permit by mail. The cost for postage is $3.00** ❒ **I will pick up my Parking Permit in person (no fee)**	= _____
5. METHOD OF PAYMENT (PLEASE DO NOT SEND CASH IN THE MAIL) ❒ Cheque ❒ Money Order ❒ VISA Visa ❒ MasterCard Mastercard (Please make cheques payable to People In Motion) **CARD NUMBER:** _____ **EXPIRY DATE:** _____/_____ **CVV CODE:** ☐☐☐  **SIGNATURE:**_____	**Total** = $ _____

PLEASE READ AND AGREE TO THE RULES OF USE (ON PAGE 2)

Parking Permit Application page 2 of 3

Step 3
PLEASE READ THIS!

3. Rules of Use

All applications for a PEOPLE IN MOTION Parking Permit are subject to the following terms and conditions. Please review this information carefully and provide your consent where indicated below.

CONDITIONS:

- All parking permit applications require a referral from your doctor and you must meet the eligibility requirements for the program.
- Only one permit per applicant will be issued.
- Permits issued for permanent disabilities must be renewed every three years.
- Temporary permits are valid for a maximum period of twelve (12) months with the actual time or duration of the permit to be determined by your physician.
- PEOPLE IN MOTION reserves the right to review and rescind your permit if the information that you have provided on your application form is inaccurate or if you violate the Rules of Use of the Parking Permit Program.

Step 4
SIGNATURE AND CONSENT

4. Signature and Declaration

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT
SIGNATURE (APPLICANT OR POWER OF ATTORNEY / LEGAL GUARDIAN)

DECLARATION:

By signing below, you confirm and declare that all information provided by you is accurate and complete, and that this application is to obtain a parking permit for your own personal use. You further acknowledge that the permit is not transferrable, and that any misuse of the permit or violation of the Rules of Use for the program may result in immediate cancellation of your permit.

X_____DATE_____

❒ I am the Power of Attorney (*Please see attached P.O.A.*) ❒ I am the Legal Guardian

PRIVACY NOTICE AND CONSENT:

PEOPLE IN MOTION is subject to the Personal Information Protection Act (the "Act") and all personal information collected, used and disclosed by PEOPLE IN MOTION about permit applicants is subject to the Act. Please review our Privacy Policy on our website for further information about our practices and our commitment to you.

PEOPLE IN MOTION collects, uses and discloses personal information related to your Parking Permit application for the following purposes:

- Assessing your application and your eligibility for a permit;
- Communicating with you about your permit, including for renewal and enforcement purposes;
- Confirming the validity of your permit upon inquiry from law enforcement or parking officials;
- Other purposes related to the administration of the Parking Permit Program for People with Disabilities or to comply with other legal or regulatory requirements.

Information collected for these purposes may include:

- Your name, home address, telephone number, email address and other necessary contact information;
- Information on specific mobility or health-related conditions to help us to determine your eligibility for a Parking Permit.

By signing this form, you authorize PEOPLE IN MOTION to contact your medical doctor to verify the nature of your disability and your eligibility for a permit, and you authorize your doctor to release this information to us.

You also acknowledge that PEOPLE IN MOTION may be contacted by law enforcement officials to confirm that you are a valid permit holder and to confirm that the permit is not being used by someone other than you. For these purposes, you authorize PEOPLE IN MOTION to disclose, if requested, your age, gender, reported use of a mobility aid and the community where you live (but not your address unless required by law).

All information will be collected, used and disclosed in a manner consistent with PEOPLE IN MOTION's Privacy Policy, and with the Act.

You acknowledge and agree that your signature on this form constitutes your consent for PEOPLE IN MOTION to collect, use and disclose your personal information for the purposes described above. You may withdraw your consent to the collection, use and disclosure of your personal information at any time, but you acknowledge that PEOPLE IN MOTION cannot issue or maintain a permit in your name if such consent is withdrawn.

Please direct any questions about this form for the collection, use and disclosure of your personal information to PEOPLE IN MOTION's Privacy Officer by sending an email to information@peopleinmotion.org or by phoning (250) 376-7878.

PLEASE HAVE YOUR PHYSICIAN COMPLETE PAGE 3

Parking Permit Application page 3 of 3

Steps 5-7

Physician Referral and Recommendation

This section MUST be completed by your doctor.

5. Physician Assessment and Confirmation of Eligibility

I AM RECOMMENDING THE FOLLOWING CLIENT FOR A PEOPLE IN MOTION PARKING PERMIT:

Patient name:

Does your client have a mobility related disability? ☐ Yes ☐ No

DOES THE MEDICAL OR DISABLING CONDITION MEET THE FOLLOWING CRITERIA? (PLEASE CHECK ALL THAT APPLY)

- ☐ Applicant has a disability that affects their mobility and the ability to walk specifically
- ☐ Applicant can NOT walk 100 metres without risk to their health
- ☐ Applicant requires the use of a mobility aid to travel any distance (wheelchair, walker, scooter or cane)
- ☐ Other including safety concerns—Please explain:

_____

_____

_____

6. Physician Recommendation

RECOMMENDATION—This patient requires the following permit:

- ☐ Permanent (must be renewed every three years)
- ☐ Temporary (please indicate below the length of time the permit is required)
- ☐ Temporary Permit will expire on: _____ 20_____ (Maximum 1 year)
  - ☐ 1 month ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

Important

Your physician must include their name, phone number, MSP number, contact information and address as well as sign and date the form.

7. Physician Contact Information and Signature

PHYSICIAN CERTIFICATION

PHYSICIAN NAME (Please Print)	PHYSICIAN TELEPHONE NUMBER	PHYSICIAN MSP NUMBER

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.

PHYSICIAN SIGNATURE _____

NOTE: Signature stamps will not be accepted

DATE_____

PHYSICIAN ADDRESS / STAMP

OFFICE USE ONLY

Permit Number:_____

Permit Type:_____

Date Issued:_____

Expiry Date:_____

Data Entry Date:_____