



Parking Permit Application



9:00am – 3:30pm Monday to Thursday

Closed 12:30pm - 1:00pm for LUNCH & STATUTORY HOLIDAYS

193 Royal Ave , Kamloops, BC V2B 8J6

Phone: 250.376.7878 Ext. 1 | 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)	SURNAME	
MAILING ADDRESS				
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER	
Female	Male	Other	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. Consider donating to PEOPLE IN MOTION (Donations of \$20 or more will receive a Charitable Tax Receipt)	= _____
3. Postage Fee for permits sent by MAIL Please send my Parking Permit by mail (additional cost of \$3.00 for postage) I will pick up my Parking Permit in person (no fee)	= _____
4. Method of Payment (DO NOT SEND CASH IN THE MAIL) Cheque Money Order Visa Mastercard (Please make cheques out to PEOPLE IN MOTION) Card Number: _____ Expiry Date: ____/____ CVV: _____ (3-digit code found on the back of your credit card) Signature: _____	TOTAL =\$ _____



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Step 3

PLEASE READ THIS
CAREFULLY.

3. Rules of Use

All applications for 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:

- the All parking permit applications require a referral form from a doctor and you must meet the eligibility requirements for program.
- Only one permit per applicant will be issued, no copies of your permit will be made by yourself or another.
- Permits issued for permanent disabilities must be renewed every three (3) 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 Rule of Use of the Parking Permit Program.

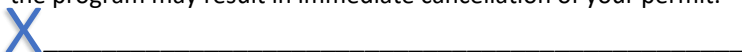
4. Signature and Declaration

I HAVE READ AND UNDERSTAND THE CONDITIONS OF MY PARKING PERMIT

SIGNATURE (APPLICANT OR ENDURING 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 transferable, 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.

 DATE: _____

I am the Enduring Power of Attorney (Please attach E.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 determine your eligibility for a Parking Permit.

By signing this form, you authorize PEOPLE IN MOTION to contact your physician to verify the nature of your disability and your eligibility for a permit, and you authorize your physician 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 at birth, reported use of mobility aid(s) 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 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 ext.1.



5. Physician Assessment and Confirmation of Eligibility

Step 5-7

PHYSICIAN REFERRAL & RECOMMENDATION

This section must be completed by a doctor, and they may charge a fee.

I AM RECOMMENDING THE FOLLOWING CLIENT FOR A PEOPLE IN MOTION PARKING PERMIT:	
Patient Name: _____	
Does your patient have a mobility related disability? Yes No	
DOES THE MEDICAL OR DISABLING CONDITION MEET THE FOLLOWING CRITERIA? (PLEASE CHECK ALL THAT APPLY)	
<p>Applicant has a disability that affects their mobility and the ability to walk specifically.</p> <p>Applicant can NOT walk 100 meters without risk to their health.</p> <p>Applicant requires the use of a mobility aid to travel any distance (wheelchair, walker, scooter, and/or cane)</p>	<p>Other including safety concerns – please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>

6. Physician Recommendation

RECOMMENDATION – This patient requires the following permit:
<p>Permanent (must be renewed every three years)</p> <p>Temporary (please indicate below the length of time the permit is required)</p> <p>Will expire on: _____ 20____ (Maximum of 1 year)</p> <p>1month 3months 6months 9months 12months</p>

7. Physician Contact Information and Signature

IMPORTANT

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

PHYSICIAN CERTIFICATION		
PHYSICIAN NAME (Please Print)	PHYSICIAN TELEPHONE NUMBER:	PHYSICIAN MSP NUMBER:
<p>For the above reasons, it is my professional opinion that the patient has a mobility impairment that poses a risk to their health by walking 100 meters.</p> <p>I hereby certify that, to my knowledge, the above information is correct and true.</p> <p>PHYSICIAN SIGNATURE: _____</p> <p style="text-align: center;"><i>Note: Signature stamps are not accepted</i></p> <p>DATE: _____</p>		PHYSICIAN ADDRESS/STAMP