



Promoting a new perspective on disability

# PARKING PERMIT APPLICATION FORM

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 Website: [www.ilvernon.ca](http://www.ilvernon.ca)  
 107-3402 27<sup>th</sup> Ave, Vernon BC V1T 1S1

## 1. Applicants Information

Applicants Name		
Mailing Address		
Postal Code	Phone Number	Email Address

## 2. Physicians Assessment ( Nurse practitioner, OT or Physiotherapist)

Does the medical or Mobility condition meet the following criteria? (Please check all that apply)

Applicant has a mobility disability that effects their mobility and the ability to walk specifically

Applicant cannot walk 100 meters without risk to their health

Applicant requires the use of a mobility aid to travel any distance

**PROGNOSIS** – The applicant is experiencing a mobility disability that is (please check one):

Permanent (will be renewed every 3 yrs)  Organizational

Temporary      3 months      6months      1year

**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 meters.

\_\_\_\_\_

**Signature**

**MSP #** \_\_\_\_\_

**Address Stamp**

Last name & Initial	<input type="text"/>	Permit #:	<input type="text"/>
Email:	<input type="text"/>	Expires:	<input type="text"/>
Processed by	<input type="text"/>	Type:	<input type="checkbox"/> Perm. <input type="checkbox"/> Temp. <input type="checkbox"/> Org.
<b>Shaded area for office use only</b>		Date:	<input type="text"/>

### 3. Important information about your new PARKING PERMIT

**\*\* Permanent permits must be renewed every three years. \*\*Temporary permits will be valid for short period of time up to one year.** If you need the permit longer you will need to go back and see your physician, OT, or Nurse practitioner. By Submission of this signed form, I agree to be responsible for the appropriate use of the permit, and I understand it is for my use only. I understand that ILV may contact who filled out the form to verify the nature of my disability and my eligibility for a permit. Furthermore, I understand that information collected by ILV may be use by ILV or an enforcement office to fulfill any legal obligations. Otherwise, all personal information will remain strictly confidential.

- Please be advised that the permit is for your sole use only. This is not a permit for every family member to use.
- Also note, that when you use your permit, you need to have ID on your person, so that any enforcement office may confirm the details on your permit.
- If we received any complaints about the misuse or abuse of a parking permit, it could result in a permit being cancelled and jeopardise any future Parking Permit being issued.
- At the same time, if you witness any misuse or abuse of a parking permit, please make a note of the permit number contact our office, so that we can take further action.

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT  
Signature or mark (X) of applicant

X \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed if signed by power of attorney or legal guardian**

Name:	Phone:
Mailing address:	
Postal Code:	Relationship to applicant:

### 4. Payment information processing fee is \$ 22.00 (If mailing in)

Cash (only if coming into the office)	Cheque/Money Order	Visa, Amex & MC
Card #:	_____	Expiry Date: _____
Total Authorized Amount: \$	_____	CVC: _____
Signature: _____		