



# People with Disabilities (PWD) Parking Decal Application Form

Richmond Centre for Disability  
100 – 5671 No. 3 Rd.  
Richmond, B.C. V6X 2C7  
Hours: 9am to 4pm

Tel: 604 232 2404  
Fax: 604 232 2415  
rcd@rcdrichmond.org  
www.rcdrichmond.org

User No.
Decal No.
Date

Office Use Only

## Office Verification

APPLICANT'S FIRST NAME(S)	MIDDLE NAME(S)	FAMILY OR LAST NAME	
---------------------------	----------------	---------------------	--

ADDRESS	CITY <b>Richmond, BC</b>	POSTAL CODE	TEL
---------	-----------------------------	-------------	-----

PERMANENT ACCESSIBLE PARKING PERMIT # ISSUED BY RCD	EXPIRY DATE
---	-------------

APPLICANT'S DRIVER'S LICENSE #	EXPIRY DATE
--------------------------------	-------------

VEHICLE OWNER'S FULL LEGAL NAME (if different from above)	VEHICLE LICENSE PLATE #
---	-------------------------

VEHICLE REGISTRATION #	VEHICLE MAKE & MODEL	VEHICLE YEAR	VEHICLE COLOUR
------------------------	----------------------	--------------	----------------

VEHICLE OWNER'S ADDRESS (if different from above)	CITY <b>BC</b>	POSTAL CODE	TEL
---	-------------------	-------------	-----

REASON FOR DIFFERENT NAME AND/OR ADDRESS
--

I hereby declare and affirm the following:

- ▶ I am the primary operator of the aforementioned vehicle
- ▶ I cannot access or use parking meter because
  - I use a wheelchair as my primary or main means of mobility, or
  - I have a disability that severely affects mobility (specify below), or
  - Of other reasons (specify below)

REASON FOR NOT BEING ABLE TO ACCESS PARKING METER AND PAY THE PARKING FEE
---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Office Use Only:
Approved _____ Rejected _____ Reason for Reject _____