



# People with Disabilities (PWD) Parking Decal Application Form

Richmond Centre for Disability Tel: 604 232 2404 Fax: 604 232 2415  
#842 – 5300 No. 3 Rd. parkingpermit@rcdrichmond.org  
Richmond, B.C. V6X 2X9 www.rcdrichmond.org  
Hours: 10am to 4pm

User No.
Decal No.
Date

Office Use Only

## Office Verification

APPLICANT'S FIRST NAME(S)	MIDDLE NAME(S)	FAMILY OR LAST NAME
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ADDRESS	CITY <b>Richmond, BC</b>	POSTAL CODE	TEL
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PERMANENT ACCESSIBLE PARKING PERMIT # ISSUED BY RCD	EXPIRY DATE
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APPLICANT'S DRIVER'S LICENSE #	EXPIRY DATE
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VEHICLE OWNER'S FULL LEGAL NAME (if different from above)	VEHICLE LICENSE PLATE #
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VEHICLE REGISTRATION #	VEHICLE MAKE & MODEL	VEHICLE YEAR	VEHICLE COLOUR
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VEHICLE OWNER'S ADDRESS (if different from above)	CITY <b>BC</b>	POSTAL CODE	TEL
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REASON FOR DIFFERENT NAME AND/OR ADDRESS
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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
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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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