

PARKING PERMIT APPLICATION – NON-PROFIT ORGANIZATION



NANAIMO DISABILITY RESOURCE CENTRE
 #2-4166 Departure Bay Rd.
 Nanaimo, BC, V9T 4B7
 Hours: Monday – Friday
 8:30am – 4:00pm

Tele: 250-758-5547
parking@ndrc.info
www.ndrc.info
 Charity Reg. #
 128031721RR0001



OFFICE USE ONLY	
Permit No.	_____
Renewal No.	_____
Renewal No.	_____
Renewal No.	_____

PART 1 – NON-PROFIT ORGANIZATION APPLICATION - TO BE COMPLETD BY THE EXEC. DIR / MANAGER - PRINT

NAME OF PRIMARY CONTACT PERSON		POSITION WITHIN ORGANIZATION	
NON-PROFIT ORGANIZATION NAME			
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	TELEPHONE
PRIMARY CONTACT'S TELEPHONE (IF DIFFERENT)	PRIMARY CONTACT'S EMAIL		FAX

IMPORTANT INFORMATION TO BE ATTACHED

Please submit required information on non-profit organization's letterhead.
 Please type and number your responses as follows:

- Whenever possible, NDRC issues permits directly to the person with a disability for that individual's sole use and responsibility. The permit is portable and can be used in any vehicle that the permit holder is travelling in. **Please explain why this arrangement would not be practical for the individual(s) being transported.**
- Provide the **approximate number** of people to be transported with a **general description** of their disabilities.
- Initially, a maximum of 2 permits will be issued. List the **license plates numbers of each vehicle used to transport client(s) with mobility impairment(s)**. There should be at least as many license plate numbers as there are permits being requested.
- Please attach a copy of your organization's **BC Society Incorporation or CRA Charitable Status** with this application.

IT IS AN OFFENSE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION
 A permit issued for a non-profit organization is issued for one year only and is renewable annually. A doctor's authorization is not required. The applicant is responsible for ensuring this form is completed and for sending the completed form to NDRC at the address given above.

I, the applicant, agree to be responsible for the appropriate use of the permit issued to the business / organization.

SIGNATURE OF EXEC. DIR. / MANAGER: _____ DATE: _____

PAYMENT INFORMATION

PERMIT FEE: \$23.00 x _____ (# of permits) or \$25 x _____ (# of permits) if the permit is to be mailed.	= \$ _____
METHOD OF PAYMENT: Please make cheques / money orders payable to NDRC <input type="checkbox"/> Cheque / Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Debit (In Office Only) Card number: _____ Expiry date: ____ / ____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Signature: _____	TOTAL: = \$ _____

OFFICE USE ONLY

Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____
Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____
Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____
Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____