



**Development Services**  
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**APPLICATION FOR A TEMPORARY ACCESSIBLE PARKING PERMIT**

**MAXIMUM TERM OF PERMIT IS 3 MONTHS**

*This is a temporary permit. A Doctor's signature or note must be provided before the permit is issued. This permit will not be renewed or extended by the City of Prince Rupert. If the disability/injury is expected to be longer than three months, you must apply to SPARC BC.*

(PLEASE PRINT CLEARLY)

<b>APPLICANT INFORMATION:</b>	
Name of Driver/Applicant: _____	
Address: _____	Postal Code: _____
Phone #: _____	Email: _____
Name of Person with Injury/Disability: _____ (If Different from Driver/Applicant)	
Doctor: _____	Phone/Fax: _____
<b>Doctor Signature:</b> _____ (Required)	Date: _____
Year of Vehicle: _____	Make/Model of Vehicle: _____
Colour of Vehicle: _____	License Plate No.: _____
Type of Disability/Injury: _____	
Anticipated Recovery Period: Permanent? _____ If temporary, number of weeks anticipated recovery? _____	

I understand that, by way of this permit application, I will be given a Temporary Accessible Parking Permit for the above vehicle. This Permit will be used for the purpose of Overtime Parking and use of the Handicapped/Accessible Parking zones. This Permit does not allow me to otherwise park illegally (i.e. yellow curb lines, loading zones, in crosswalks, etc.). I further understand that should any other person operate the above motor vehicle, the Temporary Accessible Permit shall be removed from the vehicle. If, prior to the expiration of the Temporary Permit, I no longer require the use of the Permit, I will surrender the permit to the City of Prince Rupert.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Prince Rupert Representative

\_\_\_\_\_  
Date

<i>OFFICE USE ONLY</i>			
Received by: _____	Permit No.: _____	Expiry Date _____	
Issue Date: _____	Agent Initials: _____		<b>COST \$10 MS/ENG</b>