

CONSENT FORM

2024

WHEELCHAIR ACCESSIBLE VEHICLE MAINTENANCE AND OPERATION REBATE

AND

WHEELCHAIR ACCESSIBLE VEHICLE ACQUISITION AND CONVERSION REBATE
PROGRAM

I AM (AS THE “CONSENTER”) THE INDIVIDUAL OR BUSINESS WHO IS:

- named as the payor on the invoices/receipts submitted by the Eligible Applicant as part of the Application (whether or not I have been reimbursed by the Eligible Applicant for those costs), or
- I am not named as the payor on the invoices/receipts, but I have ultimately paid the value of the invoices/receipts to the Eligible Applicant as part of an arrangement with the Eligible Applicant.
- The payor of fuel for the vehicle

NAME OF CONSENTER:

**BUSINESS MAILING
ADDRESS:**

**BUSINESS
PHONE:**

**BUSINESS
EMAIL:**

NAME OF ELIGIBLE APPLICANT:

DECLARATION AND CONSENT

By signing below I declare that:

I have read and understood the Program’s Terms and Conditions available [here](#).

I give my consent and permit the Province to pay the rebate to the Eligible Applicant. If applicable, the Eligible Applicant and I have entered into an agreement for me to receive the rebate amount from the Eligible Applicant after the Province has given a rebate to the Eligible Applicant under this Program.

I understand that the Province will owe no rebate money to me with respect to the Eligible Expenses shown on the invoices/receipts/auto insurance documents associated with the Application and I waive all claim to the rebate as between the Province and I for those Eligible Expenses.

I understand and consent to the Eligible Applicant applying for the program rebate and if approved, the Eligible Applicant may receive the entire eligible rebate amount, based on the invoices/receipts/auto insurance documents submitted with the Application.

The disclosure of my personal information collected here is to perform an analysis of the Program and to conduct research to make improvements to the existing Program and the design of new rebate programs.

The Province collects, uses and discloses personal information in accordance with the provisions of the BC Freedom of Information and Protection of Privacy Act and its associated regulations, and I agree that any personal information the Province collects in respect of the Offer is subject to that Act and its associated regulations, as amended or replaced from time to time.

	DATE:	
CONSENTER SIGNATURE		
Signed by the Eligible Applicant for the purposes of acknowledging the agreement between the Eligible Applicant and Consenter regarding the rebate (where applicable)		
	DATE:	
ELIGIBLE APPLICANT SIGNATURE		