

Hearing and Vision Impaired Child Sign Application

Personal Information is collected by the Ministry of Transportation and Infrastructure under section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purpose of processing applications for Hearing and Vision Impaired Child warning signage. If you have any questions about the collection, use and/or disclosure of this information, please contact your local Ministry of Transportation and Infrastructure District Office. Contact info for the Districts can be found using the map and links at this site: https://www2.gov.bc.ca/gov/content/transportation-reports-and-reference/regional-district-contacts

This request is for the placement of Hearing or Vision Impaired Child warning signage by a(n): Parent or Legal Guardian on behalf of an individual (complete Part A & C) Educational Institution on behalf of an individual (complete Part A & C) Educational Institution with a permanent Deaf or Blind student program (complete Part B & C)				
For a sign or signs with the foll Hearing Impaired Child	•	Other (For Deaf/Blind	l Individuals)	
PART A for requests on k	pehalf of an individual			
I (the Applicant) request the placement of warning signs for the following child. I understand that the effectiveness of these signs as a preventative measure for pedestrian/vehicle collisions is difficult to measure. I understand and accept that these signs will not guarantee safety and that the child should be accompanied and/or supervised.				
the child move, no longer requ	ire use of these signs, or if our co aches the age of 18. I also underst	ntact information char	ough the local District office should nges. I understand that the signs will may follow up every 5 years to obtain a	
Child's Name:		Date of Child's 18th E	Birthday:	
PART B for requests on k	ehalf of an institution with	a permanent Deaf	or Blind student program	
blind student program. I unde collisions is difficult to measur accompanied and/or supervise I agree to notify the BC Ministr the institution move, no longe	rstand that the effectiveness of the e. I understand and accept that the ed. y of Transportation and Infrastruc	ese signs as a preventa lese signs will not guar cture (the Ministry) thro our contact information	which has a permanent deaf and/or ative measure for pedestrian/vehicle rantee safety and that children should be ough the local District office should a changes. I also understand that the	
Institution Name:				
PART C for ALL applican	ts			
Location of Residence/Institut	ion where signs are requested			
Address:				
Municipality or First Nation:			Postal Code:	
Primary Contact Phone:		Primary Contact Ema	ail:	
ACKNOWLEDGMENT: I confirm that the information provided in this document is true and accurate. I acknowledge that I can print and sign this form or sign with a digital signature. If I have digitally signed this form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, disclaim the meaning of my electronic signature or claim that my electronic signature is not legally binding.				
Applicant's Signature:	Print Name	:	Date:	



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PART D for Ministry Staff			
Operational Screening	Traffic Policy and Safety Approval		
☐ Proceed to Traffic Policy and Safety Approval	☐ Approved – District to Install Sign(s)		
☐ Denied – Unsuitable/Does Not Meet Criteria	☐ Denied – Unsuitable/Does Not Meet Criteria		
Ministry Staff Name:			
Ministry Staff Signature:			