



PLEASE READ THE FOLLOWING INFORMATION

- Part 2 of this application must be completed in full by a Medical Practitioner.
- A disability parking permit will be issued for five years.
- Where the impairment is not permanent, and is likely to continue for more than 6 months, a temporary disability parking permit may be issued for up to 12 months.
- Payment of the fee and submitting your application does not guarantee you will receive a disability parking permit. The Registrar assesses each application to determine eligibility (see criteria in section 2 below).
- If you are not granted a disability parking permit your payment will be refunded.

1. APPLICANT TO COMPLETE

I, of	Name	Date of Birth / /	Licence number (if any)
	Number and Street	Suburb / Town	Postcode
	Postal Address (if different to above)	Suburb / Town	Postcode

apply for a disability parking permit.

Signature of applicant or guardian / carer	Date / /	Licence classification
		Daytime phone number

GUARDIAN / CARER DETAILS

Where the applicant is under 16 years of age, please provide the name and postal address of guardian / carer.

Name	Postal address
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2. MEDICAL CERTIFICATE - MEDICAL PRACTITIONER TO COMPLETE IN FULL

Important note for the Medical Practitioner
Under law the Registrar of Motor Vehicles must not issue a disability parking permit unless:

- the person has a temporary or permanent physical impairment; **and**
- their speed of movement is severely restricted by the impairment; **and**
- their ability to use public transport is significantly impeded by the impairment;
- in the case of a temporary physical impairment, the impairment is likely to endure for **more than** 6 months but is not likely to be permanent.

1) Does the applicant suffer from a physical impairment affecting mobility? Yes No
Nature and extent of impairment:

2) Is the applicant's ability to use public transport significantly impeded by the impairment? Yes No

3) To what extent is the applicant's speed of movement restricted by the impairment?
 Severely Unrestricted
 Moderately Short distances only

4) The applicant's physical impairment is?
 Permanent Temporary

If **temporary**, please indicate the expected duration of the impairment:

5) Are there any other factors relevant to this application?
(e.g. does the applicant require the use of a wheelchair, walking frame or any other walking aid?)

Medical certificate continued (To be completed by the Medical Practitioner)

ALL FIELDS must be completed if the applicant holds a driver's licence

Does the applicant have the physical ability to be the holder of a driver's licence?

Yes

No

If Yes, and the applicant holds a heavy vehicle licence (i.e. MR, HR, HC or MC) or a commercial vehicle licence (i.e. a driver of a public passenger vehicle) do you consider the applicant is suitable to hold a heavy vehicle or a commercial licence?

Yes

No

Do you recommend that the applicant undertake a practical driving assessment?

Yes

No

Do you recommend any restriction or condition be placed on the driver's licence?

Yes

No

If Yes, please specify.

Name of Medical Practitioner:

Provider Number:

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Phone No.:

Address :

Signature: Date:

OFFICE USE ONLY

APPROVED / REFUSED

Reason for refusal:

P

T

Permit No.

Period of permit - years / months

Permit expiry date

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