Australian Disability Parking Permit Application

Transport Operations (Road Use Management) Act 1995

DELIVERING FOR QUEENSLAND | Queensland Government

Use this form to apply for, replace or request additional Disability Parking Permits for a person with a mobility impairment.

What you need to do

1. Complete **Part 1 - Applicant details.**
2. Your doctor or occupational therapist will need to complete **Part 2 - Medical details** if:
   - You do not already have a permit
   - Your permit expired more than 3 months ago
   - You have a current or expired temporary permit (6-12 months)
3. Submit your form within 1 month of your medical assessment:
   - Online at www.qld.gov.au/DisabilityParking
   - In person at a Department of Transport and Main Roads (TMR) Customer Service Centre
   - Mail to:
     Department of Transport and Main Roads
     Disability Parking Permit Scheme
     PO Box 525
     FORTITUDE VALLEY
     QLD 4006

You will be advised of the result of your application within 28 days.

Eligibility criteria

The applicant must be a Queensland resident and have a severe restriction in their ability to walk lasting more than six months duration as certified by a doctor or occupational therapist. For example the applicant:

- Always requires a mobility aid such as a wheelchair, crutches or walking frame, or
- Cannot walk from a parked car to the entrance of a building without stopping due to severe pain, extreme fatigue or loss of balance, or
- Relies on portable oxygen to assist them to walk, or walking could cause angina and/or heart attack or severe breathlessness

If you need help

If you need help to complete this application, you can:

Phone 13 23 80

Visit us in person:
www.qld.gov.au/TransportContacts

For more information

For more information on processes and conditions of use visit www.qld.gov.au/DisabilityParking
or scan the QR Code below.

If a permit is no longer required, you must return it to the Department within 14 days.

Clear form Print

Part 1 - Applicant details

About you

First name

Last name

Date of birth

DD / MM / YYYY

Customer Reference Number

This is your QLD Driver Licence, Photo Identification Card or reference number issued by TMR.

Residential address

Postcode:

Postal address ☐ Same as residential address

Postcode:

Contact number

Email address

@

About your permit

Select the reason for your application:

☐ You are applying for a **new permit**.
Complete Part 1 and 2.

☐ You have an **existing permit** and are applying for an additional permit because:

- ☐ You require multiple permits.
- ☐ Your permit was lost, stolen, damaged or not received.

Complete Part 1.

☐ You have an **expired/expiring permit**.
If permit was a 6-12 month temporary permit or it is expired more than 3 months complete Part 1 and 2. If permit is expired less than 3 months complete Part 1 only.

Number of permits required

Please select the number of permits you require. A maximum of 3 can be held at one time.

☐ 1 ☐ 2 ☐ 3

Please list all permits in your possession. Permits not listed will expire.

QLD **—A**

QLD **—A**

QLD **—A**

Declaration

I declare the information provided in this application is correct and I accept the conditions of use. I authorise the Department to contact my health professional for clarification if needed. I must supply this information in accordance with the *Transport Operations (Road Use Management) Act 1995.*

Your signature **OR** authorised persons signature

Relationship to you (if applicable)

Date

/ /

Part 2 - Medical details

To be completed in full by a Doctor or Occupational Therapist

The availability of disability parking bays is limited. Permits are only granted to applicants with a mobility impairment that severely restricts their functional ability to walk for a duration of 6 months or more.

For more information see eligibility criteria on page 1 or visit tmr.qld.gov.au/disabilityparking

Medical condition

Applicant's name

Date of birth

DD / MM / YYYY

Recommendation

In your opinion does the applicant's mobility impairment meet the above eligibility criteria?

☐ Yes ☐ No

Please describe the applicant's disability or medical condition AND how it severely restricts the applicant's ability to walk.

Is the applicant's mobility impairment:

☐ Permanent ☐ Temporary*

*If temporary, what is the expected duration? (Must be between 6-12 months)

Health professional's details

Practice name

Health professional's name

Health profession:

☐ Doctor ☐ Occupational therapist

Provider number

Contact number

Email address

@

Declaration

I declare that I have seen the applicant in a professional capacity and I am not an immediate family member of the applicant. The information provided is correct to the best of my knowledge and I agree to be contacted to verify this. I understand that:

- The information is collected to assess the applicant's eligibility for a Disability Parking Permit in accordance with the Transport Operations (Road Use Management) Act 1995.
- Where a review is requested, this information may be released to the Queensland Civil and Administrative Tribunal.

Your signature

Date

DD / MM / YYYY

TMR office use only F4814

Receiving officer's username

Receiving centre

Date

/ /

Receiving officer's signature

Phone number

Privacy Statement

The Department of Transport and Main Roads collects your information under the provisions of the *Transport Operations (Road Use Management) Act 1995* to process your disability parking permit application. We manage your personal information in accordance with the privacy act. For more information visit www.tmr.qld.gov.au/help/privacy.