# **Australian Disability Parking Permit Application**

Transport Operations (Road Use Management) Act 1995



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.
- 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)
- 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

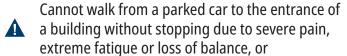
You will be advised of the result of your application within 28 days.

# 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



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.

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### Part 1 - Applicant details You have an **existing permit** and are applying **About you** for an additional permit because: First name You require multiple permits. Your permit was lost, stolen, damaged or not received. Last name Complete Part 1. You have an **expired/expiring permit**. If permit was a 6-12 month temporary permit or Date of birth it is expired more than 3 months complete Part 1 and 2. If permit is expired less than 3 months DD / MM / YYYY complete Part 1 only. **Customer Reference Number** Number of permits required This is your QLD Driver Licence, Photo Identification Card or Please select the number of permits you require. A reference number issued by TMR. maximum of 3 can be held at one time. Residential address Please list all permits in your possession. Permits not listed will expire. QLD —A Postcode: QLD -APostal address Same as residential address OLD -APostcode: **Declaration** Contact number 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 **Email address** in accordance with the Transport Operations (Road Use Management) Act 1995. Your signature **OR** authorised persons signature @ **About your permit** Relationship to you (if applicable) Select the reason for your application: You are applying for a **new permit**.

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Date

Complete Part 1 and 2.

## 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:
<ul> <li>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.</li> <li>Where a review is requested, this information</li> </ul>

may be released to the Queensland Civil and Administrative Tribunal.

DD / MM / YYYY

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Date

Your signature

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.

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