



Disabled Persons Parking Scheme – Application



**STATEMENT FOR COMPLETION BY
ORGANISATIONS**

LIC NO _____
\$6.00 Fee
12 month Permit

Note: A Permit will not be issued unless ALL details on the application are completed.

Organisation Name :	
Mailing Address:	
Company Contact Name: <small>A Contact Name MUST be provided, a permit will not be issued with a name being supplied.</small>	
Telephone Number:	
Types of disability experienced by the passenger's regularly transported by your Organisation?	
Types of appliances used for support to aid the passenger's mobility?	
For what purpose is the permit to be used?	

NB: Should your organisation require more than one label, please justify for claim in writing.

Declaration by Applicant:

I make this declaration in the firm belief that all the information provided on this form is to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

I will fully comply with the "Conditions of Use" for the Permit.

If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the issuing council and will be returned within seven (7) days of notification of such return being required.

Organisation Stamp & Signature:	Date:

Office Use Only

Issue Date:	Expiry Date:	CSO:

**NOTE: Permit will not be posted out to the Applicant.
Customer Service will contact Company Contact when permit is ready to collect.**