# **Australian Disability Parking Permit Application**

Transport Operations (Road Use Management) Act 1995



# Use this form to apply for or replace a Disability Parking Permit 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.tmr.gld.gov.au
- 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

A non-refundable fee may apply.

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 Δ wheelchair, crutches or walking frame, or

Cannot walk from a parked car to the Α 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:



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## Phone 13 23 80

? Visit us in person: www.qld.gov.au/transport/contacts/centres

## For more information

For more information on fees, processes or conditions of use visit www.tmr.qld.gov.au/disabilityparking or scan the QR Code below.



If a permit is no longer required or has expired, you must return it to the department within 14 days

# Part 1 - Applicant details

#### About you

#### First name

#### Last name

#### Date of birth



#### **Customer Reference Number**

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

## **Residential address**

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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, but it was:

| Damaged | 🗌 Lost |
|---------|--------|
|---------|--------|

One Not received

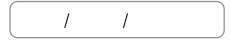
Complete Part 1 only.

You have an expired/expiring permit.

#### Permit number

# QLD \_\_\_\_\_A

#### Expiry date



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.

#### 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



Date



/

#### OR

Parent/carer/authorised person's signature

#### Relationship to you

#### 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



### 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

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Is the applicant's mobility impairment:

Permanent

J 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

/ /

## TMR office use only

F4814

Receiving officer's username

Receiving centre

Date

/

Receiving officer's signature

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Receipt number

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