



Australian Disability Parking Permit - Legally Blind Application (Individual)

Transport Operations (Road Use Management) Act 1995

This form is to be used to apply for the grant or replacement of an Australian Disability Parking Permit (ADPP) for a legally blind individual.

Once completed, please lodge and pay the non-refundable fee (if applicable) online at www.tmr.qld.gov.au, in person at a Department of Transport and Main Roads (TMR) Customer Service Centre, or mail to: Department of Transport and Main Roads, Disability Parking Permit Scheme, PO Box 525, FORTITUDE VALLEY QLD 4006. Further information is available at the TMR website at: www.tmr.qld.gov.au/disabilityparking or you can telephone 13 23 80.

Tick the type of permit requested:

A new ADPP Complete sections 1 and 2 or have 3 and 4 completed by your doctor, optometrist or ophthalmologist.
Please note: A fee applies. Assessment can take approximately 28 days.

Replacement permit Complete section 1 only. No fee is required.

Reason for permit replacement:

Damaged Destroyed Lost Stolen Permit not received

Note: Expired permits cannot be used.

Section 1. Applicant details

Permit number (if applicable) QLD	Expiry date (if applicable) / /	CRN (The CRN is your Qld Driver Licence, Photo Identification Card or Adult Proof of Age card number, or your reference number issued by TMR)
Given name/s	Family name	
Residential address Postcode	Postal address (if different) Postcode	
Date of birth / /	Contact number	Mobile number Male <input type="checkbox"/> Female <input type="checkbox"/>

Declaration

I declare that the information provided in this application is complete, true and correct in every detail and that I may be prosecuted for giving false or misleading information. I understand that I must supply this information in accordance with the *Transport Operations (Road Use Management) Act*, failure to complete the application in full and sign the declaration below may result in the application not being processed: a departmental officer may contact my health professional/agent/carer or other government agency for clarification: if this permit is no longer required or has expired, I must return the permit to TMR within 14 days: any permit granted as a result of this application, must be used in accordance with the conditions of use. I have read and consent to the privacy statement on this application.

Applicant's signature

If applicant is over 18 years of age state why applicant is unable to sign application form.

or

Signature of applicant's agent/parent/carer

Date

Relationship to applicant/contact number

 / /

Privacy Statement: TMR collects the personal information requested for the purpose of managing the Disability Parking Permit Scheme as authorised by the *Transport Operations (Road Use Management) Act*. TMR may disclose some of this information to relevant health practitioners and where a legislative authority exists, other government agencies. Your personal information will not be used by TMR or its contractors for any other purpose, nor will it be disclosed to other third parties without your consent unless authorised or required to by law.

Section 2: Applicant evidence of legal blindness

You do not need to complete **Section 3 - Legally blind assessment** or **Section 4 - Doctor, Optometrist or Ophthalmologist certification** if you are the holder of a *Vision Impaired Travel Pass*, *CentreLink Blind Concession Card* or *Department of Veteran Affairs' Blind Concession Card* and you provide a copy (front and back) of your card.

Are you providing a copy (front and back) of one of the following cards with this application? Yes No

Certification is needed in sections 3 and 4 from your doctor, optometrist or ophthalmologist.

Vision Impaired Travel Pass (issued by TransLink)

Centrelink Blind Concession Card

Department of Veteran Affairs' Blind Concession Card

Please indicate which card you are providing a copy of.

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Section 3: Legally blind assessment

This section must only be completed by either a doctor, optometrist or ophthalmologist.

If you are completing this section you must also certify your assessment in **Section 4 Doctor, Optometrist or Ophthalmologist certification**.

To be eligible for an ADPP, the applicant must be a Queensland resident and meet the following eligibility criteria:

- have a visual defect, or a combination of visual defects, that result in permanent or temporary visual loss that is, or is equivalent to:
 - » visual acuity of less than 6/60 in both eyes, assessed using the Snellen scale after correction by suitable lenses
 - » the constriction of the person's field of vision to 10 degrees or less of the arc around central fixation in the person's better eye, regardless of corrected visual acuity.

A temporary visual defect means expected to last for at least six months duration as certified by a doctor, optometrist or ophthalmologist.

3.1 Applicant's name

Given name/s

Family name

3.2 Assessment of visual defect

Uncorrected vision		Corrected vision		Visual acuity diagnosis:
Right eye	Left eye	Right eye	Left eye	

Field of vision		Field of vision (State degree of constriction of field of vision):
Right eye	Left eye	

3.3 Doctor, Optometrist or Ophthalmologist recommendation

Does the applicant's visual defect meet the above eligibility criteria?

Yes Please continue to Q3.4 No This application cannot proceed

3.4 Does the applicant have other visual defects that are equivalent to the above?

Yes No

Describe the defect

3.5 Is the applicant's legal blindness (please tick one)

Temporary in duration Expected duration (must be at least six months)

Permanent

Section 4: Doctor, Optometrist or Ophthalmologist certification

I certify that I have seen the applicant in a health professional capacity and my signature below verifies all of the following:

- I understand that TMR collects the information on this form to assist in assessing the eligibility of the applicant requesting a Disability Parking Permit in accordance with the *Transport Operations (Road Use Management) Act*.
- The information supplied within this application is correct to the best of my knowledge and I agree to be contacted to verify this.
- Where a review is requested, this information may be released to the Queensland Civil and Administrative Tribunal.
- The personal information collected will not be disclosed to any other third party without my consent unless required or authorised to do so by law.
- I am not the applicant or an immediate family member of the applicant.

Please indicate which health professional is certifying this form (please tick the box below)

Doctor Optometrist Ophthalmologist

Health Professional's name Provider number

Practice email address

Practice name

Health Professional's signature Date / / Contact telephone number Facsimile number

Section 5: TMR office use only

Receiving Officer's username Receiving centre Phone number

Receiving Officer's signature Date / / Receipt number