



**This form must be used to request a review of a decision not to grant a Disability Parking Permit. If a departmental officer has—**

- refused to grant a permit to you
- suspended or cancelled your permit

and you want to have the departmental officer's decision reviewed.

### Instructions for completion and lodgement of this form

- Individual applicants to complete sections 1, 3 and 4.
- Organisation applicants to complete sections 2, 3 and 4.
- Deliver this completed form (including any supporting documentation) no more than 28 days after the day of the written notice of the decision to refuse—
  - in person to a Department of Transport and Main Roads (TMR) Customer Service Centre
  - by post to—  
Principal Advisor  
Customer Service Operations  
Department of Transport and Main Roads  
GPO Box 5232  
BRISBANE QLD 4001

### 1. Applicant details

Family name

Given name/s

Current residential address

  
Postcode

Date of birth

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Contact phone number (if available)

Customer Reference Number (The CRN is your Queensland Driver Licence/Adult Proof of Age card number, or your reference number issued by TMR)

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### 2. Organisation details

Name of organisation

Business address

  
Postcode

Phone number

Name of contact person

CRN (your reference number issued by TMR)

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**3. In Queensland, the Disability Parking Scheme is a mobility scheme. The eligibility criteria are based on an applicant being severely restricted in their ability to walk, preventing them from moving forward by placing one foot in front of the other. It is not based on intellectual, psychiatric, cognitive or sensory impairment, unless in addition to this impairment, the person also has a severe restriction to their ability to walk.**

Organisations applying for a review of decision must attach additional information to address the reasons for refusal of the original application.

For individuals applying for a review of decision, attach a letter from the applicant's medical practitioner or occupational therapist describing the disability or medical condition **and** how it severely restricts the applicant's ability to walk.

If additional information is still required, the applicant, and/or their medical practitioner/occupational therapist may be contacted by TMR for clarification.

### 4. Applicant declaration

I have attached further information in support of my application.

Yes  No

I declare that the information set out above is complete, true and correct. I understand that I may be prosecuted for giving false or misleading information.

Applicant's signature

Date

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**Privacy statement:** TMR collects the personal information requested for the purpose of managing the disability parking permit scheme as authorised by the TORUM. TMR may disclose some of this information to relevant health professionals 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.

### Departmental office use only

Receiving officer's name and position

Receiving centre and phone number

Receiving officer's signature

Date

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