



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 Customer Service Centre
 - by post to—
 - Principal Policy Advisor
 - Transport Regulation Branch
 - Department of Transport and Main Roads
 - PO Box 673
 - Fortitude Valley Qld 4006.

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.

Please include information regarding your mobility restrictions or that of the individual/s your organisation is transporting. For example, how far can you walk before you need to stop or rest? What occurs to make you stop/rest? Please explain your client's mobility restrictions.

Further information must be provided below or if insufficient space, on an attached sheet.

1. Applicant details

Family name

Given name/s

Current residential address

Postcode

Date of birth

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 the Department of Transport and Main Roads)

2. Organisation details

Name of organisation

Business address

Postcode

Phone number

Name of contact person

CRN (your reference number issued by the Department of Transport and Main Roads)

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

Privacy statement: The Department of Transport and Main Roads (the department) 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 1995*. The department 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 the department 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