

Australian Disability Parking Permit Application (Organisations)

Transport Operations (Road Use Management) Act 1995



Queensland Government

This form is to be used by an organisation to:

- apply for the grant or replacement of an Australian Disability Parking Permit (ADPP)
- nominate or remove vehicle/s used by the organisation for the purpose of transporting eligible individual/s.

This application will be considered if:

- the organisation has a Queensland address
- this form has been completed and signed by the organisation's contact person
- accompanied with the **non-refundable fee** (if applicable).

Once completed, please lodge online at www.tmr.qld.gov.au, in person at a Department of Transport and Main Roads Customer Service Centre, or mail to: Department of Transport and Main Roads, Disability Parking Permit Scheme, PO Box 525, Fortitude Valley Qld 4006

ADPPs can not be used on:

- vehicles over 4.5t Gross Vehicle Mass
- vehicles that are used as a taxi or limousine.

1. Type of application

To be eligible for a permit the organisation must transport at least one individual who is a Queensland resident and:

- is unable to walk and always requires the use of a wheelchair
- their ability to walk is severely restricted by a permanent medical condition or disability
- their ability to walk is severely restricted by a temporary medical condition or disability.

A temporary medical condition or disability must be of at least six (6) months' duration, as certified by a doctor or occupational therapist.

In Queensland, the Disability Parking Scheme is a mobility scheme. The eligibility criteria are based on a person's functional impairment to their ability to walk. It is not based on intellectual, psychiatric, cognitive or sensory impairment, unless in addition to this impairment, the person also has a severe impairment to their ability to walk.

(a) Is this organisation responsible for transporting individuals who meet the above eligibility criteria?

No Your organisation is not eligible to apply for a permit.

Yes

(b) Has the organisation previously held a permit?

No **Note:** A non-refundable fee applies. Please provide business/company/organisation identification. (For requirements, please refer to the Evidence of Identity Information Sheet (F4362) available at www.tmr.qld.gov.au)

Yes If your permit is expired more than 3 months, your application will be assessed as a new application (see above note).

(c) Do you need to notify the department of the: addition of new vehicles removal of vehicles

(d) If you require a replacement permit, indicate permit number, reason for replacement and complete applicant details and declaration.

Permit Number Damaged Destroyed Lost Stolen Permit not received

2. Applicant details

CRN (The CRN is your reference number issued by the department)

Australian Company Number (ACN)/Business Number/Incorporation Number

Organisation name

Telephone number for day contact

Name of contact person (responsible for management of permits) Position of contact person

Business address

Postcode

Postal address

Postcode

Number of nominated vehicles?

What is the total number of staff (including volunteers) that provide the service of transporting eligible individuals?

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.

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3. Vehicle registration numbers (Attach separate list if required)

Where the registered operator of the vehicle is not the organisation, the registered operator must give authorisation to the department to access the vehicle details.

Add vehicle/s	Remove vehicle/s	Vehicle registration	Registered operator of vehicle (if not organisation)	Registered operator's signature to authorise access to vehicle details	Date

4. Declaration

I understand that I must supply this information in accordance with the *Transport Operations (Road Use Management) Act* and failure to supply full details and sign this declaration can result in the application not being processed. Any permit no longer required for the purpose of transporting individuals eligible for a Disability Parking Permit will be returned to the department within 14 days. I declare that:

- Information provided in this application is complete, true and correct and that I may be prosecuted for giving false or misleading information.
- The organisation is involved in transporting individuals eligible for the grant of a Disability Parking Permit.
- Any permit granted as a result of this application will only be used as set out in its conditions of use.
- The organisation has procedures in place which will allow for the use of permits to be monitored by the nominated contact person responsible for the management of any permits granted.
- The organisation authorises the department, if required, to verify the details of vehicles registered in the name of the organisation.
- The organisation will not use any permits on vehicles over 4.5t Gross Vehicle Mass.
- The organisation will only use specified vehicles in the transportation of eligible individuals.
- The organisation will notify the department, within 14 days, of any specified vehicles that are no longer being used by this organisation for the purpose of transporting eligible individuals.
- I have read and consent to the privacy statement on this application.

Authorised person's signature

Date

Authorised person's name (if different from contact person) Position

5. Departmental Office use only

Receiving Officer's name and position

Receiving centre

Phone number

Receiving Officer's signature

Date

Receipt number

Number of specified vehicles	Number of staff driving specified vehicles	Number of permits granted	Number of permits refused

Comments

Authorising Officer's name and position

Authorising Officer's signature

Date