

# Australian Disability Parking Permit Application (Individual)

Transport Operations (Road Use Management) Act 1995



Queensland Government

This form is to be used to apply for the grant or replacement of a Disability Parking Permit for an individual.

Once completed, please lodge and pay the non-refundable fee 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. Further information on the Disability Parking Scheme, fees and application process is available at the department's website at: [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au) or you can telephone 13 23 80.

Notification of approval or refusal of a permit will usually be sent by mail within approximately 28 days of the application being received for processing.

Tick the type of permit requested:

Australian Disability Parking Permit (ADPP) Are you:

- . A new applicant including:
  - interstate issued permits
  - 5 year ADPP expired more than 3 months
  - 5 year Red permit expired more than 3 months

Complete sections 1 and 2 **PLEASE NOTE: A FEE APPLIES**

- . A 6-12 month permit holder new or expired
- . An existing 5 year ADPP holder applying for a new ADPP
- . An existing 5 year Red permit holder to applying for ADPP

Complete sections 1 and 2 **PLEASE NOTE: A FEE APPLIES**

Complete section 1 only

Complete sections 1 and 2 only

Red 5 year permit Are you:

- . An existing 5 year Red permit holder
- . An existing 5 year Red permit holder and permit has expired more than 3 months

Complete sections 1 and 2 only

See ADPP : A new applicant above

Replacement permit (Complete section 1 only) Reason for permit replacement:

Damaged  Destroyed  Lost  Stolen  Permit not received

**NOTE: Expired permits cannot be used.**

## Section 1. Applicant details

Mr  Mrs  Ms  Miss  Other  Permit number (if applicable)  Expiry date (if applicable)

CRN (The CRN is your Qld Driver Licence/Adult Proof of Age card number, or your reference number issued by the department)

Given name/s

Family name

Residential address

Postal address (if different)

Postcode

Postcode

Male  Female

Date of birth

Contact number

Mobile number

## 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 the department within 14 days; any permit granted as a result of this application, must be used in accordance with the conditions of use; and I have read and consent to the privacy statement on this application.

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

Applicant's signature

OR

Signature of applicant's agent/parent/carer

Date

Relationship to applicant/contact number

**Privacy Statement:** The Department of Transport and Main Roads (the department) collects the information on this form for the purpose of managing the disability parking permit scheme. This information is authorised by the *Transport Operations (Road Use Management) Act 1995*. The department usually gives some or all of this information to its agents and contractors, authorised departmental officers, the Queensland Police Service, other Queensland state government agencies, federal and interstate government agencies, agent/carer and health professionals. The department will not disclose your personal information to any other third parties without your consent unless authorised or required by law.

Continued next page...

**Section 2: To be completed in full by a Medical Practitioner or Occupational Therapist only**

**Important message to Medical Practitioners and Occupational Therapists**

The availability of disability parking spaces is limited. To ensure disability parking spaces are available to those who need them most, it is vital that permits are only granted to applicants who meet the eligibility criteria. Your valuable assistance in helping to achieve this outcome is most appreciated.

In Queensland, the Disability Parking Scheme is a mobility scheme. The below eligibility criteria for the Australian Disability Parking Permit (ADPP) are based on a person's functional impairment to their ability to walk.

Applicants with intellectual, psychiatric, cognitive or sensory impairment (for example sight and hearing impairment) alone do not meet the eligibility criteria unless the applicant also has a mobility impairment that impacts on their functional ability to walk.

**Eligibility Criteria**

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

- Must be unable to walk and always requires the use of a wheelchair; or
- 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.

**Guiding scenarios**

Please find below examples of some types of mobility impairments that might be a severe restriction on an applicant's ability to walk:

- The applicant is unable to walk and **always** requires the use of a wheelchair.
- The applicant **always** requires the use of a mobility device (for example, walking frame, elbow crutches). *Please note a shopping trolley should not be considered a mobility device.*
- The applicant has a severe mobility restriction affecting their ability to carry out basic activities (for example, the applicant cannot walk from a parked car to the entrance of a building such as a shopping centre, bank or medical facility, without stopping several times due to severe pain, extreme fatigue or loss of balance).
- The applicant has a severe mobility restriction as a result of a chronic condition (for example, of the heart, lung or kidneys and relies on portable oxygen to assist them to walk or walking could cause angina and/or heart attack or severe breathlessness).

**Q1. Applicant's name**

**Q2. Medical Practitioner or Occupational Therapist recommendation**

In your opinion does the applicant's mobility restriction meet the above eligibility criteria? *(Please tick)*

Yes  No

**Q3. Please describe the primary disability or medical condition that severely restricts the applicant's ability to walk**

**Q4. Please describe any other disability or medical condition that severely restricts the applicant's ability to walk**

**Q5. Is the Applicant's mobility restriction: *(Please tick)***

Temporary in duration  Expected duration  (must be over 6 months)  
 Permanent

**Medical Practitioner/Occupational Therapist's Verification**

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

- I understand that the Department of Transport and Main Roads 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.

Health Practitioner's name	Health Profession	Provider number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Practitioner's signature	Date	Contact telephone number	Facsimile number
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 3: TMR Office use only section**

Receiving Officer's username	Receiving centre	Phone number
<input type="text"/>	<input type="text"/>	( <input type="text"/> ) <input type="text"/>

Receiving Officer's signature	Date	Receipt number
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>