

Disabled parking permit application - organisations

Organisation details	Name:
	Business address:
Person responsible for permits	Name:
	Phone:

Types of disability experienced by the passengers regularly transported by your organisation?
Type of appliances used for support to aid the passengers' mobility?
For what purpose is the permit to be used?

Declaration

I make this declaration in the firm belief that all the information provided on this form is to the best of my knowledge, true and correct and I am aware that making a false declaration may be punishable by law.

I will comply with the "Conditions of Use" for the Permit. If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within 14 days. I further agree that the permit remains the property of the issuing council and will be returned within seven 7 days of notification of such return being required

Please note: Should your organisation require more than one label, please justify your claim in writing.

Applicant's signature: _____ **Date:** _____

OFFICE USE ONLY	Permit No:	Date issued:	Expiry date:
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