



Road Transport Authority
 PO Box 582
 Dickson ACT 2602
 Telephone: 13 22 81

Application for a Mobility Parking Scheme Authority

Tick appropriate box:

- Original Renewal (Authority No.) Change of vehicle details (Authority No.)

Personal Details of applicant (to be completed by the applicant or their agent)

Surname Driver Passenger Licence No.

Given name Second name (if applicable)

Residential Address

Date of birth Home phone Work phone

I, the above named person, apply for the issue of a 'Mobility Parking Scheme Authority' which will be displayed in any motor vehicle used for my transportation and parking requirements. I understand that the permit may be revoked by the Road Transport Authority in the event of misuse.

Signature of applicant (or agent) Date

Address of agent (if applicable)

Doctor to complete

This section is to be completed by a legally qualified medical practitioner or, in the case of an application based on permanent blindness by a specialist eye doctor in terms of the eligibility guidelines below.

Note: Holders of a current Pensioner Concession card endorsed as disability BLIND are not required to be examined by a Doctor to be eligible for this permit. **The card must be presented at time of application.**

I have examined the above-named person and I am of the opinion that they fit within the intent of the parking regulations and that they are unable to walk more than 100 metres without great difficulty or pain; or meet the criterion for permanent blindness. The person's relevant condition is indicated below. (Please tick the appropriate box.)

- (a) Confined to wheel chair.
- (b) Has lost one or both legs.
- (c) Suffers from chronic and seriously debilitating respiratory, cardiac, or arthritic conditions that affect mobility.
- (d) Utilises walking aids.
- (e) Is permanently blind.

Applicants who require a mobility scheme authority due to permanent blindness must meet the following criteria:

- (a) Visual acuity on the Snellen Scale after correction by suitable lenses must be less than 6/60 in both eyes; or
- (b) A field of vision constricted to 10 degrees of arc, 5 degrees from fixation in the better eye, irrespective of corrected visual acuity; or
- (c) A combination of visual defects resulting in the same degree of visual impairment as that occurring in (a) and (b) above.

The condition is Temporary 3 months 6 months 12 months
 Permanent Long term, but condition may change.

Doctor's name and address (please print clearly)

Doctor's signature Date Telephone

If you require more information concerning eligibility for a Mobility Parking Scheme Authority, please telephone Canberra Connect on 13 22 81. Applications can be returned to any Canberra Connect Shopfront or to PO Box 582 DICKSON ACT 2602.

The information sought on this form is to process your application relating to a parking permit. The lawful authority for collecting this information is the *Road Transport (Safety and Traffic Management) Act 1999*. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies; transport authorities in those jurisdictions and Government agencies authorised by law.

Customer Service Officer to complete

Staff number & Initials Permit number