



Disabled Persons Parking Scheme – Application

Statement for completion by organisations

Use **BLOCK** letters only

A permit will not be issued unless all details on the application are completed

Office Use Only		
No C	No. C	No. C'
Issue Date:	/	/
Expiry Date:	/	/

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

1. Organisation Name

2. Name of individual who will take responsibility for the use of the parking permit

3. Address

4. Telephone Number

Work:

Mobile

5. List the types of disabilities experienced by the passengers regularly transported by your organisation.

6. List the types of appliances used for support to aid the passengers' mobility.

7. 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 false declarations 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 fourteen (14) days. I further agree that the permit remains the property of the issuing council and will be returned with (7) days of notification of such return being required.

Applicant's Signature: _____ **Date:** _____