

Disabled Parking Permit

How can I apply?

Individuals

To apply for an individual permit **you must complete the application form with a doctor** (a medical practitioner, specialist medical practitioner or clinical psychologist).

Please go to **page 3** to complete your application for an individual permit.

Organisations

To apply for an organisation permit, you **must provide a cover letter**, which addresses the following:

- » why does your organisation require the permit/s
- » if more than 10 permits are required, why does your organisation need the additional permits.

Please go to **page 5** to complete your application for an organisation permit.

How do I submit?

You can submit via email, post or in person.



By email:
caseycc@casey.vic.gov.au



In person:

- » **Bunjil Place, Narre Warren**
2 Patrick Northeast Drive, Narre Warren
8.30 am – 5.00 pm Monday to Friday
- » **Customer Service Centre, Cranbourne**
Cranbourne Park Shopping Centre
9.00 am – 5.00 pm Monday to Friday
9.00 am – 12.00 pm Saturday

Offices not open on public holidays



By post:
Customer Service
City of Casey
PO Box 1000
Narre Warren VIC 3805

What happens next?

If successful, your permit will be **posted** within 10 business days. If you submit **in person**, the permit will be issued immediately.

Where can I find more information?

Visit the City of Casey website at casey.vic.gov.au or contact a Customer Service Officer on 9705 5200.

How do I use my permit?

Categories of Permit



Category One – Wide Space Permit

A category one permit holder **can:**

- park in allocated disabled parking bays for the designated time
- park in any non-allocated parking bay for twice the designated time.

A category one permit holder **cannot:**

- park for longer than twice the designated time
- park without paying any appropriate fees.



Category Two – Double Time Permit

A category two permit holder **can:**

- park in any non-allocated parking bay for twice the designated time.

A category two permit holder **cannot:**

- park in allocated disabled parking bays
- park for longer than twice the designated time
- park without paying any appropriate fees.

Conditions of use:

- Ensure your permit has **not expired**.
- Display your permit on the left side of the front windscreen so the **expiry date and permit number is visible and legible** from outside of the vehicle.
- Ensure the **permit holder is driving or is a passenger** of the vehicle displaying the permit.
- **Individuals** may only hold one permit. **Organisations** may hold several permits.
- The permit applies **Australia-wide**.
- If you are stopped by an **Authorised Officer**, you may be asked to:
 - state your name and address
 - produce your driver's licence
 - produce your valid disabled parking permit
 - show proof that the permit holder is present in the vehicle
 - If the Authorised Officer deems that your permit is invalid, or that there is insufficient proof the permit holder is present, you will be asked to move the vehicle from the reserved place.
- The permit remains the property of the City of Casey and must be returned within seven days if you are requested to return it.
- Council **does not** issue renewal notices. It is your responsibility to contact your local Council when a new permit is required.

1. Disabled Parking Permit – Individual Permit Application

Only complete this section if you are applying for an **individual permit**. For organisation permits, go to page 5.

Applicant details

Fields marked with an asterisk(*) are **mandatory** and must be completed.


Given name/s:*	_____
Surname:*	_____
Street address:*	_____
Suburb:*	_____
Postcode:*	_____
Date of birth (DD/MM/YY):*	_____
Telephone:*	_____
Mobile:	_____
Email:	_____

The next section **must be completed by a doctor** (medical practitioner, specialist medical practitioner or clinical psychologist).

Medical practitioner details

Practice name:*	_____
Practice postal address:*	_____
Suburb:*	_____
Postcode:*	_____
Practitioner's name:*	_____
Telephone:*	_____
Email:	_____

Office Use Only

	Extra time only P X2	A / B / D _____ EXP: ___ / ___ / _____
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Medical information

This section **must be completed by a doctor** (medical practitioner, specialist medical practitioner or clinical psychologist).

Fields marked with an asterisk(*) are **mandatory** and must be completed.

1. Does the Applicant have **one or more** of the following: *
 - » an acute or chronic illness in which minimal walking may endanger their health
 - » a significant ambulatory disability requiring a complex walking aid (with more than one contact point on the ground)
 - » presents an extreme danger to themselves or others in a public place without continuous attendance of a caregiver?

Yes (**go to Question 2**) No (**go to Question 1a**)

- 1a. Does the Applicant have a significant ambulatory disability or severe illness which impacts their ability to walk long distances without rest breaks?

Yes No

2. Is the Applicant's condition a permanent, life-long disability? *

Yes (**go to Question 3**) No (**go to Question 2a**)

- 2a. For how long does the Applicant require a permit?

6 months 12 months 5 years

3. Is the Applicant able to drive? *

Select "Yes" if the Applicant is presently unable to drive, but will be able to drive again in the future.

Yes No

Medical practitioner declaration

By lodging this application, I firmly declare that all information on this form is, to the best of my knowledge, true and correct. I am aware false declarations may be punishable by law.

Name & Address of Medical Practitioner, Specialist or Clinical Psychologist

(Please use official stamp to verify)

Signature:

Date:

Privacy statement: Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014* and used for the specified purpose. You can access your personal information by contacting Council's Privacy Officer on 9705 5200.

2. Disabled Parking Permit – Organisation Permit Application

Only complete this section if you are **applying for an organisation permit**. Fields marked with an asterisk(*) are **mandatory** and must be completed.

Organisation details

Organisation name:*	<hr/>			
Street address:*	<hr/>			
Suburb:*	<hr/>		Postcode:*	<hr/>
Given name/s:*	<hr/>			
Telephone:*	<hr/>		Mobile:	<hr/>
Email:*	<hr/>			

Number of permits

Please indicate the number of permits required:*

Organisation cover letter

To support your application, you must provide a cover letter that addresses the following:

- » why does your organisation require the permit/s
- » if more than 10 permits are required, why are the additional permits required.

Submit

Please submit this application and your cover letter to Council to process your permit.

Office Use Only

	Extra time only P X2	C _____ EXP: ___/___/_____
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Contact City of Casey

03 9705 5200

NRS: 133 677 (for the deaf, hearing or speech impaired)

TIS: 131 450 (Translating and Interpreting Service)

caseycc@casey.vic.gov.au

casey.vic.gov.au

 facebook.com/CityOfCasey

 @CityOfCasey

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