

Disabled Persons Parking Scheme – Application Statement for completion by organisations

Please note that a permit will not be issued unless all details on the application are completed.

1. Organisation Name

2. Name of Individual who will take responsibility for the use of the parking permits.

3. Address

4. Telephone number

5. Types of disability experienced by the passengers regularly transported by your organisation.

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

7. For what purpose is the permit to be used?

8. Vehicle details.

Number	Make of Vehicle	Vehicle Registration Number	Colour
1			
2			
3			
4			
5			
6			
7			

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 within seven (7) days of notification of such return being required.

Applicants signature

Date

