

# Disabled Persons' Parking Scheme - Application

## Statement for Completion by Organisation

Please Note: A permit will not be issued unless all details on the application are completed.

Office Use Only	Date
Expiry Date	/ /

1. Organisation Name

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

3. Address

4. Telephone Number

5. Type 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?

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

**Declaration by Applicant:** 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 fully 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.

Applicant's signature

Date