Mobility Parking Permit Scheme

Permit application form

A mobility parking permit makes getting around your local communities a little easier

For more information please contact your nearest CCS Disability Action Branch on 0800 227 2255 or visit www.MobilityParking.org.nz. Regional Offices are on the reverse of this form.
## Personal details

**Declaration to be completed by, or on behalf of, the applicant**

<table>
<thead>
<tr>
<th>NHI number:</th>
<th>NHI is your medical records number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Mr</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Family name:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

### Physical address

<table>
<thead>
<tr>
<th>Unit/flat No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street number &amp; name:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>Name of residential facility (if applicable):</td>
</tr>
</tbody>
</table>

### Other contact details:

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Mobile telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email*:</td>
<td>Preferred communication method (tick one): Email Post</td>
</tr>
</tbody>
</table>

### Postal address (if different from above)

<table>
<thead>
<tr>
<th>Unit/flat No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street number &amp; name:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
</tbody>
</table>

### Ethnic identity (optional):

This information will only be used for statistical purposes and to help us with service planning (tick only one).

- [ ] New Zealand European
- [ ] Pacific Islander (specify): 
- [ ] Maori
- [ ] Other: 

*Please tick if you wish to receive Mobility Parking News by email (please make sure you have given us your email address*).*

*Please tick this box if you wish to receive updates, newsletters and promotional material that CCS Disability Action believes may be of interest to you.*
Medical details

The following is to be completed by the applicant’s doctor

Applicant’s name: ___________________________ NHI number: ___________________________

Eligibility criteria
Having a medical condition or disability alone does not give automatic entitlement to a mobility parking permit.

Specify disability or medical condition that impedes mobility:

Required

Please indicate if the applicant is eligible because: (tick one)

A. they are unable to walk and always require the use of a wheelchair
B. their ability to walk distances is severely restricted by a medical condition or disability (for example, they require the use of mobility aids, experience severe pain; breathlessness) or
C. they have a medical condition or disability that requires they have physical contact/close supervision to safely get around and cannot be left unattended (for example, they experience disorientation, confusion or severe anxiety)

Please indicate the type of permit required: (tick one)

- Long-term permit (5 years)
  Long term (permanent) medical condition or disability that affects mobility

- Short-term permit (up to 12 months)
  Applicant has a short term (temporary) medical condition that affects mobility
  If a short-term permit, indicate the number of months approved: 3 | 6 | 9 | 12 (please circle)

- Extension to a short-term permit (3 or 6 months)
  A three month or six month permit may be extended to a maximum of 12 months from the date of issue.

I certify that I have seen the applicant and the information supplied within this application is correct to the best of my knowledge.

Medical centre/practice name and address: ___________________________

Doctor’s stamp

Doctor’s name: ___________________________

NZMC Registration No: ___________________________

Telephone: ___________________________

Signature: ___________________________ Date: ___________________________
## Payment

### Application and payment options
You can apply:
- Online – by visiting our website www.MobilityParking.org.nz
- By post – select one of our Regional Offices from the list on the following page.
- In person – contact the Regional Office near you to see if your local branch can process your application (please note that Regional Offices/branches cannot issue permits however they can process your application and receive payment)

A permit will be sent to you within seven working days from the date that we receive your application and payment.

### Payment details

<table>
<thead>
<tr>
<th>I am paying for:</th>
<th>☐ Long-term permit</th>
<th>☐ Short-term permit</th>
<th>☐ Replacement permit</th>
<th>☐ Extension</th>
</tr>
</thead>
</table>

#### Permit Cost

<table>
<thead>
<tr>
<th>Permit Type</th>
<th>Duration</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term permit</td>
<td>5 years</td>
<td>$50</td>
</tr>
<tr>
<td>Short-term permit</td>
<td>up to 12 months</td>
<td>$35</td>
</tr>
</tbody>
</table>

**Extension**

A 3 month or 6 month permit may be extended near the expiry date to a maximum of 12 months from the date of issue for an additional $5. *GP approval is required*

**Replacement permit**

A replacement permit can be issued if a permit has been lost or stolen. The original expiry date applies. Cost: $35

### Credit card details:

Card number: [Redacted] Expiry date: [Redacted]
Cardholder’s name: [Redacted] Cardholder’s signature: [Redacted]

### Declaration

#### Declaration to be completed by, or on behalf of, the applicant

I declare that the information provided in this application is complete, true and correct in every detail.

I authorise the collection of the information on this form, where it is personal information under the Privacy Act 1993, for the use of CCS Disability Action and its branches, and in relation to the Mobility Parking Permit scheme. Under the Privacy Act 1993, where CCS Disability Action holds my personal information in such a way that it can readily be retrieved, I understand I am entitled to have access to that information, and I can request the correction of that information.

I agree that for the operation, administration and enforcement of the terms of mobility parking this information may be passed on to the Ministry of Transport and city and district councils and their parking enforcement agents.

I have read, understood and agree to abide by the ‘conditions of use’ of the Mobility Parking Permit.

Applicant’s signature: [Redacted] Date: [Redacted]

If not signed by applicant, state relationship of signatory: [Redacted]
Checklist

If you are applying for your first long-term or new short-term mobility parking permit, please complete parts 1, 2, 3 and 4.

If you are renewing a long-term mobility parking permit please complete parts 1, 3 and 4 (you will not need to go back to your doctor). You can also renew online. www.mobilityparking.org.nz

Permit types

Long-term permit
Long-term permits are issued to people with long term (permanent) medical conditions or disability that affect their mobility. Eligibility for a new (first time) long-term permit is required to be confirmed by your doctor. A long-term permit is valid for five years from the month and year of issue.

Renewing an individual long-term permit
You must apply for a long-term permit to be renewed at the time it is due to expire. It was confirmed by your doctor in the application for your first long-term permit that you have a medical condition or disability which affects your mobility and is long term (permanent); therefore you do not have to provide any additional medical information when applying to renew your permit.

Short-term permit
Short-term permits are issued to people with short term (temporary) medical conditions that affect their mobility. Eligibility for a short-term permit is required to be confirmed by your doctor. A short-term permit can be issued for a minimum of three months and a maximum of 12 months.

A three month or six month permit may be extended to a maximum of 12 months from the date of issue. This requires confirmation from your doctor that your mobility is still affected.

Conditions of use

There are some responsibilities and rules you need to follow when using your mobility parking permit.

1. Display your permit clearly
   Your permit must be displayed on the dashboard, with the details clearly visible from the outside of the vehicle.

2. Ensure your permit is valid
   While we send a reminder letter for long term permits, it is your responsibility to ensure your permit is valid. Please let us know if your postal address changes.

3. Your permit can only be used by you
   The permit is issued to you, and a unique number and barcode is printed on it. Your permit cannot be used by another person.

4. Only use your permit if you need to get in or out of the vehicle
   If you, the permit holder, are staying in the vehicle, you must park in a standard parking space (not a designated mobility parking space), and the permit cannot be displayed.

5. Notify us if your permit is lost or stolen
   Let us know if your mobility parking permit has gone missing so we can cancel that permit and issue a replacement one.

Abuse or breach of these rules can result in your permit being cancelled.

Permits no longer required by the permit holder need to be returned to CCS Disability Action, PO Box 272, Hamilton 3240.
Contact details

CCS Disability Action regional contact list where you can post your mobility parking permit application

**Northern region**

**CCS Disability Action Northland**
PO Box 8035, Kensington, Whangarei 0145
Tel: 09 437 1899
Call free: 0800 227 2255
Email: northland@ccsDisabilityAction.org.nz

**CCS Disability Action Auckland**
PO Box 24-327, Royal Oak, Auckland 1345
Tel: 09 624 2561
Call free: 0800 227 2255
Email: aucklandmp@ccsDisabilityAction.org.nz

**Central region**
(includes Greater Wellington, Taranaki and the Kapiti Coast)

**CCS Disability Action**
PO Box 35-156, Naenae, Lower Hutt 5041
Tel: 04 567 8910
Call free: 0800 227 2255
Email: wellington.admin@ccsDisabilityAction.org.nz

**Upper South region**
(includes Christchurch, Nelson, Blenheim, Kaikoura, Rangiora, Ashburton, Timaru, Westport, Greymouth and Hokitika)

**CCS Disability Action**
PO Box 1506, Christchurch 8140
Tel: 03 365 5661
Call free: 0800 227 2255
Email: canterbury@ccsDisabilityAction.org.nz

**Southern region**
(includes Dunedin, Oamaru and Invercargill)

**CCS Disability Action**
PO Box 6174, Dunedin North, Dunedin 9059
Tel: 03 477 4117
Call free: 0800 227 2255
Email: otago@ccsDisabilityAction.org.nz

**Waikato/Bay of Plenty region**

**CCS Disability Action Waikato**
PO Box 272, Hamilton 3240
Tel: 07 853 9761
Call free: 0800 227 2255
Email: waikato.admin@ccsDisabilityAction.org.nz

**CCS Disability Action Tauranga**
(includes Whakatane and Rotorua)
PO Box 2148, Tauranga 3140
Tel: 07 578 0063
Call free: 0800 227 2255
Email: bop@ccsDisabilityAction.org.nz

**Hononga-Rawhiti region**
(includes Napier, Gisborne, Manawatu and Wairarapa)

**CCS Disability Action**
PO Box 15, Gisborne 4040
Tel: 06 867 1249
Call free: 0800 227 2255
Email: thb@ccsDisabilityAction.org.nz