

# 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](http://www.MobilityParking.org.nz)



**CCS**  
**disability action**  
Including all people

TE HUNGA HAUĀ MAURI MŌ NGĀ TĀNGATA KATOA

# Personal details

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

NHI number:        NHI is your medical records number

Title: Mr | Mrs | Miss | Other      Gender: Male | Female

Family name:       First name:

Date of birth:

## Physical address

Unit/flat No:

Street number & name:

Suburb:       City:       Postcode:

Name of residential facility (if applicable):

## Other contact details:

Telephone:       Mobile telephone:

Email\*:

Preferred communication method (tick one):     Email     Post

## Postal address (if different from above)

Unit/flat No:

Street number & name:

Suburb:       City:       Postcode:

## 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 this box if you wish to receive updates, newsletters and promotional material that CCS Disability Action believes may be of interest to you.

**! 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 name:

NZMC Registration No:

Telephone:

Signature:  Date:

Doctor's stamp



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# Checklist

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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](http://www.mobilityparking.org.nz)

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## Permit types

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### 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.

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## Conditions of use

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

### 1. Display your permit clearly

Your permit is designed to hang from your vehicle's rear view mirror by using the built-in hook. Alternatively, you can display it on your dashboard, as long as the details are 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.

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# Contact details

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Please post your mobility parking permit application to the branch nearest you. Select from the following list:

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## Northern

### CCS Disability Action Northland

PO Box 8035, Kensington, Whangarei 0145

291 Kamo Road, Whangarei 0112

☎ (09) 437 1899

☎ 0800 227 2255

✉ Northland@ccsDisabilityAction.org.nz

### CCS Disability Action Auckland

PO Box 24-327, Royal Oak, Auckland 1345

14 Erson Avenue, Royal Oak, Auckland 1061

☎ (09) 624 2561

☎ 0800 227 2255

✉ AucklandMP@ccsDisabilityAction.org.nz

## Midland

### CCS Disability Action Waikato

PO Box 272, Hamilton 3240

17 Claudelands Road, Hamilton 3216

☎ (07) 853 9761

☎ 0800 227 2255

✉ Waikato.Admin@ccsDisabilityAction.org.nz

### CCS Disability Action Tauranga

(for Tauranga, Whakatane and Rotorua)

PO Box 2148, Tauranga 3144

74 14th Avenue, Tauranga 3112

☎ (07) 578 0063

☎ 0800 227 2255

✉ BoP@ccsDisabilityAction.org.nz

### CCS Disability Action Gisborne

(for Napier and Gisborne)

PO Box 15, Gisborne 4040

7 Kahutia Street, Gisborne 4010

☎ (06) 867 1249

☎ 0800 227 2255

✉ THB@ccsDisabilityAction.org.nz

## Central

### CCS Disability Action Wellington

(For Greater Wellington, Kapiti Coast, and Wairarapa)

PO Box 35-156, Naenae, Lower Hutt 5041

336 Cambridge Terrace, Naenae, Lower Hutt 5011

☎ (04) 567 8910

☎ 0800 227 2255

✉ Wellington.Admin@ccsDisabilityAction.org.nz

### CCS Disability Action North Taranaki

(for Taranaki, Manawatu and Whanganui)

PO Box 324, New Plymouth 4340

McKendrick House 112 Vivian Street,

New Plymouth 4310

☎ (06) 758 5423

☎ 0800 227 2255

✉ AdminNorthTaranaki@ccsDisabilityAction.org.nz

## Southern

### CCS Disability Action – Christchurch

(for Christchurch, Nelson, Blenheim, Kaikoura, Rangiora, Ashburton, Timaru, Westport, Greymouth and Hokitika)

PO Box 1506, Christchurch 8140

224 Lichfield Street, Christchurch 8011

☎ (03) 365 5661

☎ 0800 227 2255

✉ Canterbury@ccsDisabilityAction.org.nz

### CCS Disability Action Otago

(for Dunedin, Oamaru and Invercargill)

PO Box 6174, Dunedin North, Dunedin 9059

514 Great King Street, Dunedin 9016

☎ (03) 477 4117

☎ 0800 227 2255

✉ Otago@ccsDisabilityAction.org.nz