



Traffic Act and Traffic Regulations
Australian Road Rules
Local Government Act
Darwin City Council By-Laws

Permit No: _____
Expiry: _____
Rec No: _____
Rec Date: _____
NAR: _____

APPLICATION FOR AN AUSTRALIAN DISABILITY PARKING PERMIT
(for persons with permanent mobility limitations)
(Permit valid 3 years)

Applicant name: _____

Address: _____

Postal Address: _____

Contact:(bh) _____ (ah) _____ mobile _____

Declaration: I understand that the permit issued is for my use only and that I must be in/using the vehicle whenever it is parked with the permit displayed and also that any abuse or misuse of the permit may result in it being revoked by City Of Darwin.

Signature: _____ Date _____

Doctor's Report (To be completed by Medical Practitioner)

Does the applicant suffer from a physical disability affecting mobility? Yes No

The applicant's mobility is Permanent
 Temporary _____ expected duration

Nature and extent of disability _____

Does the applicant require the use of mobility aids? (please specify) _____

MEDICAL PRACTITIONER

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____ DATE: _____



Payment can be made in person at the Civic Centre, where EFTPOS facilities are available, or by post, with the completed form enclosed, and cheque or credit card to:

City Of Darwin, GPO Box 84, DARWIN NT 0801

PERMIT FEE \$15.00

Credit Card: Your signature below is an authority for Council to issue a sales voucher for the amount shown below as your payment. Credit card surcharge applies.



Card type _____

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount _____ Card Expiry Date _____ CCV _____

Card holders name _____ Contact Number _____

Signature _____

PERMITS ARE ISSUED AT THE DISCRETION OF THE CITY OF DARWIN. THE CITY OF DARWIN MAY GRANT A PERMIT, REFUSE TO ISSUE A PERMIT OR CANCEL A PERMIT WHICH HAS BEEN ISSUED.

YOUR PERMIT WILL BE POSTED TO THE ADDRESS PROVIDED ON THE FRONT OF THIS FORM.

Privacy Statement

The information requested in this form is being collected by the City Of Darwin for the purpose of updating our administrative systems to be able to carry out the City Of Darwin's functions. If you do not provide the information the City Of Darwin may not be able to update your details or process your application. The City Of Darwin may disclose the information provided by you on this form to a third party, as required or authorised by the City Of Darwin By-Laws and the Local Government Act or in accordance with the Information Act or our Privacy Policy which is available on our website www.darwin.nt.gov.au or on request from the City Of Darwin's office. You may obtain access to your personal information held by the City Of Darwin by submitting a request for information form that is available on our website or from the "Information Officer" (08) 89300300.