



## PLEASE READ THE FOLLOWING INFORMATION

- Part 2 (and Part 3 if you hold a driver's licence) of this application must be completed in full by a medical practitioner.
- Where a permanent disability parking permit is issued, no further assessment is required from the medical practitioner. However a payment will be required to renew the permit.
- Where the impairment is not permanent, and is likely to continue for more than 6 months, a temporary disability parking permit may be issued for up to 12 months.
- Payment of the fee and submitting your application does not guarantee you will receive a disability parking permit. Each application is assessed to determine eligibility (see criteria in section 2 below).
- **Once completed please take to a Service SA Customer Service Centre or post to GPO Box 1533, Adelaide 5001**

## 1. APPLICANT TO COMPLETE

Name		Date of Birth / /
Licence number (if any)	Licence Class (if applicable)	Gender (please circle) M F X
Number and Street	Suburb/Town	Postcode
Postal Address (if different to above)	Suburb/Town	Postcode
<b>Declaration</b>		
I hereby declare that I have truthfully completed this form and I understand that it is an offence to make a false or misleading statement. I understand that the medical practitioner who completed this form may be contacted to verify any information provided.		Daytime phone number
Signature of applicant or parent/guardian/carer		Date / /
Name and postal address of carer/guardian if applicant is under 16 years of age		
Name	Postal Address	

## 2. IMPAIRMENT DETAILS – MEDICAL PRACTITIONER TO COMPLETE IN FULL

**Important note for the Medical Practitioner**

In order to be eligible for a disability parking permit the person must meet the following criteria:

- the person has a temporary or permanent physical impairment; and
- their speed of movement is severely restricted by the impairment; and
- their ability to use public transport is significantly impeded by the impairment;
- in the case of a temporary physical impairment, the impairment is likely to endure for more than 6 months but is not likely to be permanent.

1. What is the applicant's physical impairment/condition that affects their mobility? (please tick)

- a) Confined to a wheelchair ☐ b) Has lost one or both legs ☐ c) Requires use of a walking aid ☐  
d) Is permanently blind ☐ e) Suffers from a chronic and seriously debilitating condition that affects their mobility ☐

**Description of impairment/condition and how it affects their mobility** (please include as much detail as possible about the impairment or condition): \_\_\_\_\_

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**Continued overleaf**

Name of applicant \_\_\_\_\_

**Impairment details Part 2 continued (to be completed by Medical Practitioner)**

2. Is the applicant's ability to use public transport significantly impeded by the impairment/condition? ☐ \*No ☐ Yes  
**\*If No the applicant will not be eligible for a DPP**

3. Is the extent of the applicant's speed of movement severely restricted by the impairment/condition? ☐ \*No ☐ Yes  
**\*If No the applicant will not be eligible for a DPP**

4. Is the impairment/condition permanent? ☐ No ☐ Yes  
(the applicant's impairment and speed of movement is not expected to improve in the future)

5. Is the impairment/condition temporary? ☐ No ☐ Yes  
(the applicant's impairment and speed of movement will improve with surgery, treatment or time)

Please circle expected timeframe    6       9       12    (months)

6. Please provide any other information relevant to this application

**3. MEDICAL CERTIFICATE OF FITNESS TO DRIVE (TO BE COMPLETED BY MEDICAL PRACTITIONER)**

**ALL FIELDS must be completed if the applicant holds a driver's licence or learner's permit**

(Please refer to the "Assessing Fitness to Drive" guidelines when completing this section)

Does the applicant meet the medical standards to hold a light vehicle licence? (i.e. Car or LR)? ☐ No ☐ Yes

If the applicant holds a **motor bike licence**, does the applicant meet the medical standards to hold a **motor bike licence**? ☐ No ☐ Yes

If the applicant holds a **heavy vehicle licence** (i.e. MR, HR, HC or MC) or a commercial vehicle licence (i.e. a driver of a public passenger vehicle) does the applicant meet the medical standards to hold a **heavy vehicle or commercial licence**? ☐ No ☐ Yes

Does the applicant have any medical conditions or impairments that may affect their ability to drive a motor vehicle? **If Yes, please list conditions/impairments below:** ☐ No ☐ Yes

Do you recommend that the applicant undertake a practical driving assessment? ☐ No ☐ Yes

Do you recommend any restriction or condition be placed on the applicant's driver's licence? ☐ No ☐ Yes  
(such as a restriction that the applicant only be permitted to drive during daylight hours, or within a specified distance from their home residence)

If Yes, please specify: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

Provider number:         Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**APPROVED/REFUSED**

Reason

<b>P</b>	<b>T</b>	Permit No.	Period of permit – years/months
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