



How to use this form:

- Check the eligibility requirements and fees on sa.gov.au/disability-parking-permit.
Complete Part A and take the form to a Health Practitioner who is eligible to complete Part B on your behalf.
Part C 'The Medical Certificate of Fitness to Drive' must also be completed if you have a driver's licence or learner's permit. This can only be completed by a Medical Practitioner or Specialist.
Submit the application and pay the fee:
In person: Take the completed form to a Service SA centre. A third party can submit the form on your behalf if your details haven't changed.
By post: Mail the completed form with the correct fee (cheque or money order only) to: Service SA, GPO Box 1533, Adelaide SA 5000. Fees are listed on sa.gov.au/licence-permit-fees.

Part A: All sections in Part A must be completed by the applicant or a parent/carer/guardian if the applicant is unable to complete or under 16 years of age.

Applicant details

Form with fields for: Given name(s), Surname, Date of Birth, Licence/client number, Licence Class, Gender, Residential address, Postal Address, Phone number, Email address.

Declaration

I declare that I have truthfully completed this application and I understand it is an offence to make a false or misleading statement. I understand the health practitioner who completed this application may be contacted to verify any information.

Form with fields for: Signature of applicant or parent/guardian/carer, Date, Name of parent/guardian/carer (if applicable).

If you are legally blind

If you have a government issued card indicating you are legally blind, you qualify for a Disability Parking Permit without further medical assessment. This means you do not need to have Part B completed by a medical practitioner or Optometrist. If you don't have a government card, you'll need to have part B completed by a medical practitioner or Optometrist.

Important: a copy of the government issued card must be presented with this application.

I am recognised as legally/permanently blind and have a government issued card [ ]

Government card type and number:



**2. How long is the Disability Parking Permit required for? (tick one)**

**Temporary:** The condition is expected to last for at least 6 months but expected to improve with surgery, treatment or time. A new application will be required for further permits.

- 6 months     
  9 months     
  12 months

**Permanent:** The condition will not or is not expected to substantially improve in the future even with treatment or surgery. No further application or assessment will be required to renew the permit when it is due to expire.

- Permanent (issued for up to 5 years)

**Part B: Declaration**

Name of health practitioner	
Please tick relevant area of practice	
<input type="checkbox"/> Medical practitioner or specialist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Ophthalmologist or Optometrist	<input type="checkbox"/> Psychologist
AHPRA registration number	Contact number
Address	
Signature	Date    /    /

SERVICE SA OFFICE USE ONLY

APPROVED/REFUSED

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

**Part C: Medical Certificate of Fitness to Drive.**

Only complete if applicant has a driver's licence or learner's permit.

**Who can complete the Medical Certificate of Fitness to Drive?**

- A medical practitioner or specialist.
- An ophthalmologist or optometrist (for vision impairment condition only).

**All fields in this section 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: [www.austroads.gov.au](http://www.austroads.gov.au).

**1. Does the applicant hold a driver's licence or learner's permit?**

Yes  Complete questions 2 to 6

No  Go to the Medical Practitioner declaration below (if you did not complete the declaration for Part B)

**2. Does the applicant have any medical conditions or impairments that may affect their ability to drive a motor vehicle?**

If Yes, provide details of condition or impairments below:

No  Yes

**3. Does the applicant meet the medical standards to hold a light vehicle licence or permit? (i.e. Car to LR)**

No  Yes

If yes, is a practical driving assessment for a car or LR recommended?

No  Yes

**4. If the applicant holds a motor bike licence class, do they meet the medical standards to ride a motor bike?**

No  Yes

If yes, is a practical driving assessment for a motor bike recommended?

No  Yes

**5. If the applicant holds a heavy vehicle licence (i.e. MR, HR, HC or MC) or they are a commercial Driver (i.e. a public passenger driver) do they meet the commercial medical standards?**

No  Yes

If yes, is a practical driving assessment for a heavy vehicle recommended?

No  Yes

**6. Are any restrictions or conditions recommended to place on their drivers' licence or permit? (such as only driving during daylight hours, with certain vehicle modifications or within a specified distance of their home).**

No  Yes

If yes, provide restriction or condition details below:

**Medical Practitioner declaration**

Name of medical practitioner	
AHPRA registration number	Contact number
Address	
Signature	Date / /