

# Mobility Parking Permit Scheme

Ngā Ture Āheitanga  
Mo Te Tūnga Waka

Permit Application form



For more information please visit  
[www.MobilityParking.org.nz](http://www.MobilityParking.org.nz)  
or call 0800 227 200

Please note: If you are 90 years of age or older at  
the time of applying, your new permit will be FREE.



ccs  
**disability action**  
Including all people

TE HUNGA HAUĀ MAURI MŌ NGĀ TĀNGATA KATOA

# Personal details Kōrero e pā ana ki a

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

NHI Number:       Ask your GP for your National Health Identification (NHI) number if you do not have it.

Title:  Mr  Mrs  Miss  Other

Gender:  Male  Female  Other

Family name:  First name:

Date of birth:

## Physical address

Unit/flat Number:

Street number & name:

Suburb:  City:  Postcode:

Name of residential facility (if applicable):

## Other contact details

Home Telephone:  Mobile phone:

Email:

Preferred communication method (tick one):  Email  Post

## Postal address (if different from above)

Unit/flat Number:

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 disability sector information that CCS Disability Action believes may be of interest to you.

# Medical details Oranga Taipitopito

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## **! 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. The applicant must fall into one of the three categories below to qualify.

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)
- 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)

## **! Specify disability or medical condition that impedes mobility:**

**Required**

### **Long-term permit (five 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

Please indicate the number of months the short-term permit is approved for

3  6  9  12

### **Extension to a short-term permit - \*GP approval is required**

Permit extended to:  6 months  9 months  12 months

A three, six or nine 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:

Email:

Signature:

Date:

Doctor's stamp:

# Payment Nga utunga

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## Application and payment options

You can apply:

- **By post** to Mobility Parking Office, PO Box 267, Christchurch 8140
- **By email** [MobilityParking@ccsDisabilityAction.org.nz](mailto:MobilityParking@ccsDisabilityAction.org.nz)
- **In person** visit your closest branch from the list on the following page (please note that branches cannot issue permits however they can process your application and receive payment)

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

**Please note: If you are 90 years of age or older at the time of applying, your new permit will be FREE.**

I am paying for:

Permit costs

<input type="radio"/> Long-term permit	Five years	\$50
<input type="radio"/> Short-term permit	Up to 12 months	\$35
<input type="radio"/> Replacement permit	It is issued if a permit has been lost or stolen. The original expiry date applies.	\$25
<input type="radio"/> Extension	A three month or six month or nine month permit may be extended to a maximum of 12 months from the date of issue.	\$10 (additional) *GP approval is required

## Payment details

## Payment method (please tick one):

Permit cost: \$

Please consider a donation to CCS Disability Action: \$

Total amount paid: \$

I would like a receipt

- Cheque (make cheques payable to: CCS Disability Action)
- Credit Card
- Cash
- Eftpos
- Online account number: 02-0568-0140030-02
- Please use your NHI number and family name as reference
- Other (specify):
- Nil (Age 90 and over)

## Credit card details

Card number:             Expiry date:

Cardholder's name:  Cardholder's signature:

# Declaration Nga kōrero tāpiri mōu

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## ! 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:  Date:

If not signed by applicant, state relationship of signatory:

# Checklist Rārangi Hihira

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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)

## Permit types Ngā momo āheitanga

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### Long-term permit

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

### Renewing a long-term permit

You must renew a long-term permit before it expires. 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 must 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 Ngā heipūtanga

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There are some 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).

### 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:

**Mobility Parking Office**  
**PO Box 267**  
**Christchurch 8140**

# Contact details Tangata Taipitopito

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**Please post all mobility parking permit applications to:**

**Mobility Parking Permit Office**  
**PO Box 267**  
**Christchurch 8140**

**Call free:**  
**0800 227 200** - press 4 for mobility parking  
**Email:**  
**MobilityParking@ccsDisabilityAction.org.nz**

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**Applications can also be processed over the counter at the following branches only:**

## **Northland**

 291 Kamo Road  
Whangarei 0112  
 09 437 1899 **or**  
Call free: 0800 227 2255

## **Auckland**

 14 Erson Avenue  
Royal Oak  
Auckland 1061  
 09 624 2561 **or**  
Call free: 0800 227 2255

## **Waikato**

 17 Claudelands Road  
Hamilton 3216  
 07 853 9761 **or**  
Call free: 0800 227 2255

## **Tauranga**

(For Tauranga, Whakatane and Rotorua)

 74 14th Avenue  
Tauranga 3112  
 07 578 0063 **or**  
Call free: 0800 227 2255

## **Gisborne**

 7 Kahutia Street  
Gisborne 4010  
 06 867 1249 **or**  
Call free: 0800 227 2255

## **Napier**

 124 Station Street  
Napier South 4140  
 06 834 0499 **or**  
Call free: 0800 227 2255

## **Manawatu**

 248 Broadway Avenue  
Palmerston North 4114  
 06 357 2119 **or**  
Call free: 0800 227 2255

## **Wellington**

(For Greater Wellington, Kapiti Coast and Wairarapa)  
 336 Cambridge Terrace  
Naenae  
Lower Hutt 5011  
 04 567 8910 **or**  
Call free: 0800 227 2255

## **North Taranaki**

 McKendrick House  
114 Vivian Street  
New Plymouth 4310  
 06 758 5423 **or**  
Call free: 0800 227 2255

## **Christchurch**

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

 224 Lichfield Street  
Christchurch 8011  
 03 365 5661 **or**  
Call free: 0800 227 2255

## **Dunedin**

(For Dunedin and Oamaru)  
 30 Portsmouth Drive, South Dunedin  
Dunedin 9012  
 03 477 4117 **or**  
Call free: 0800 227 2255

## **Southland**

 142 Don Street  
Invercargill 9810  
 03 218 9696 **or**  
Call free: 0800 227 2255

## **Timaru**

 2 - 4 Victoria Street  
Timaru 7940  
Open 9 am to 3 pm  
 03 684 7151 **or**  
Call free: 0800 227 2255