

# 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)

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

Details 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 ☐ Ms ☐ Other

Gender: ☐ Male ☐ Female ☐ Other

Surname:

First name:

Date of birth:

## Physical address

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)

Street number & name:

Suburb:

City:

Postcode:

## Ethnicity (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):

☐ Māori

☐ Other:

## Updates from CCS Disability Action

As a permit holder, we would like to update you on our work to support disabled people and their whānau. These occasional updates by post or email include stories of people we support, research and advocacy on issues that affect disabled people and fundraising appeals.

☐ Please tick here if you are happy to receive updates from us.

The following is to be completed by a Medical Practitioner.

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)

## Required information

Specify disability or medical condition that impedes mobility:

### ☐ 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

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/Nurse Practitioner's name:

NZMC/NCNZ Registration No:

Telephone:

Email:

Signature:

Date:

Doctor's/NP stamp:

## Application and payment options

You can apply:

- **By post** to Mobility Parking Office, PO Box 267, Christchurch 8140
- **By email** [apply@MobilityParking.org.nz](mailto:apply@MobilityParking.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)

You should receive your permit via NZ Post around two weeks from when we receive your application and payment.

I am paying for	Duration	Permit cost
<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 3, 6 or 9 month permit may be extended to a maximum of 12 months from the date of issue before the permit expires	\$10

## Payment method (please tick one)

- ☐ Aged 90 and over Free  
OR
- ☐ In person at one of our local branches ☐ Cash ☐ Eftpos (in person)  
OR
- ☐ Internet/Phone Banking - Bank Transfer - Bank Deposit  
Account Name: CCS Disability Action | Account Number: 02-0568-0140030-02  
Please use your NHI Number & Surname as your references  
OR

## ☐ Credit/Debit Card

If you enter a card number below we will process the payment from that card.  
If you have made payment in any other way DO NOT enter your card number.  
We cannot process a payment remotely using an Eftpos card.

Card number:                 Expiry date:

Cardholder's name:  Cardholder's signature:

Permit cost: \$  Please consider a donation: \$  Total: \$

☐ I would like a receipt

## Declaration Nga kōrero tāpiri mōu

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

CCS Disability Action Incorporated collects, holds, shares and uses the personal information you provide us in this form for the purposes of processing your application for a mobility parking permit and otherwise administering and enforcing the mobility parking permit scheme. We will also use your name and contact details to send you information about the scheme from time to time. You are not required to provide us with your information, but if you choose not to, we may be unable to provide you with a mobility parking permit.

You have the right to request access to and correct the personal information we hold about you. To make a request, please email [privacy@ccsDisabilityAction.org.nz](mailto:privacy@ccsDisabilityAction.org.nz).

By signing below, you acknowledge that you have read and understood the above statement. You agree to receive information about the scheme (and, if you have ticked the relevant box above, other updates from us). If you are completing this form on behalf of an individual, you confirm you are authorised to provide us with that individual's personal information for the purposes described in the above privacy statement.

Applicant's signature:  Date:

If not signed by applicant, state relationship of signatory:

## Permit types Ngā momo āheitanga

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### Long-term permit

Long-term permits are issued to people whose mobility is affected by a disability or permanent medical condition. Your first long term permit (valid for 5 years) must be authorised by a medical practitioner. Please complete parts 1, 2 and 3.

### Renewing a long-term permit

You must renew a long-term permit before it expires. To renew your long term permit, please complete parts 1 and 3. You will not need to go to a medical practitioner. You can also renew online [permit.ccsdisabilityaction.org.nz](https://permit.ccsdisabilityaction.org.nz) using the permit number and renewal code from your renewal letter.

### Short-term permit

Short-term permits are issued to people with temporary medical conditions that affect their mobility. Eligibility for a short-term permit must be confirmed by a medical practitioner. A short-term permit can be issued for a minimum of three months and a maximum of 12 months. Please complete parts 1, 2 and 3.

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, nor can it be copied or duplicated in any way.

### 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. Charges apply.

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**

**Please post this completed form to:**

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

**Email: [apply@MobilityParking.org.nz](mailto:apply@MobilityParking.org.nz)**

**Phone: 0800 662 7275**

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**PLEASE DO NOT POST YOUR APPLICATION TO THE STREET ADDRESSES BELOW.**  
**You can hand in your application and make payment, your permit will be posted to you.**

### Auckland

🏠 14 Erson Avenue  
Royal Oak  
Auckland 1061  
☎ 09 624 2561

### Christchurch

🏠 224 Lichfield Street  
Christchurch 8011  
☎ 03 365 5661

### Dunedin

🏠 30 Portsmouth Drive  
South Dunedin, Dunedin 9012  
☎ 03 477 4117

### Gisborne

🏠 7 Kahutia Street  
Gisborne 4010  
☎ 06 867 1249

### Hamilton

🏠 17 Claudelands Road  
Hamilton 3216  
☎ 07 853 9761

### Hawera

🏠 85 Princes Street  
Hawera 4610  
☎ 06 278 7212

### Invercargill

🏠 142 Don Street  
Invercargill 9810  
☎ 03 218 9696

### Napier

🏠 124 Station Street  
Napier South 4140  
☎ 06 834 0499

### New Plymouth

🏠 McKendrick House  
114 Vivian Street  
New Plymouth 4310  
☎ 06 758 5423

### Palmerston North

🏠 248 Broadway Avenue  
Palmerston North 4114  
☎ 06 357 2119

### Tauranga

🏠 74 14th Avenue  
Tauranga 3112  
☎ 07 578 0063

### Timaru

🏠 2-4 Victoria Street  
Timaru 7940  
Open 9 am to 3 pm  
☎ 03 684 7151

### Whāngarei

🏠 291 Kamo Road  
Whāngarei 0112  
☎ 09 437 1899

### Wellington

🏠 8 Raroa Road  
Hutt Central  
Lower Hutt 5010  
☎ 04 567 8910