

Application for an Australian Disability Parking Permit/s for an Organisation - Re-print of Damaged, Lost or Stolen Permit



**Complete All Sections in full, incomplete application forms will not be accepted.
Please allow 14 working days for processing.**

Organisation Details

Name of Organisation:

ABN No. of Organisation: Type of Organisation:

Address of business premises:

Postal Address:

Phone: Email:

Website:

Details of the Organisations Representative

Name of Representative:

Position in the organisation:

Department if Applicable:

Email:

Phone: Mobile:

Permit Details

Why is the re-print required? Damaged: ☐ Lost: ☐ Stolen: ☐

Please complete permit details of permits that need to be re-printed.

Permit Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Permit Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Permit Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Permit Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Permit Number:	<input type="text"/>	Expiry Date:	<input type="text"/>

Instructions on how to get the Permit/s to the Organisation



Call to collect

Email to collect

Post

If permits are not collected within 2 weeks of being called or emailed they will be posted.

Please submit the completed form:

- In person to – Civic Centre Reception, 93 Todd Street, Alice Springs NT 0870
- By email – astc@astc.nt.gov.au
- By post to – Alice Springs Town Council, PO Box 1071, Alice Springs, NT 0871
- By fax to – (08) 8953 0588

For assistance with the application, please call the Council's Customer Service team on (08) 8950 0500.

To Be Completed, Signed and Dated by Representative

I, _____, the organisation's representative, understand that any permits issued are for the sole use of the above organisation. The permits required will be allocated to vehicles registered to the organisation that are used for the transportation of individuals who meet the eligibility criteria. **The individual requires the use of a wheelchair, requires the use of a walking aid, is permanently blind or their mobility is affected by a debilitating condition/impairment.**

All employees of the organisation have read and understood the conditions of the use of the permit. Any abuse or misuse of permits may result in the permits being revoked by the Alice Springs Town Council.

Permit Numbers are unique to the organisation. Records of the permits and their allocation are to be the responsibility of the organisation.

The following regulatory authorities apply to this application:

Northern Territory Legislation - See link for full details <https://legislation.nt.gov.au/>

- *Northern Territory of Australia Traffic Regulations 1999*
- *Northern Territory of Australia Traffic Regulations - Australian Road Rules*

Alice Springs Town Council – See link for full details <https://alicesprings.nt.gov.au/>

- *Alice Springs (Management of Public Places By-Laws 2009)*
- *Australian Disability Parking Permit/s for an Organisation – Conditions of Use*

I have read, understood and am bound by all the legislation, regulations, by-laws, conditions of use and the conditions as stated in this application.

Signature: _____ Date: _____
(Signature of organisation representative)