



Application for a Parking Permit

Application details

Application type: Original Renewal Change of details Current permit number

- Resident** - Area Manager must complete relevant section prior to lodging form with the Road Transport Authority
- Community Nurse** **Member of Parliament**
- Medical Practitioner** (Fees apply to Medical Practitioner parking permits)
- Central Business District (Unrestricted) Outside Central Business District (Excludes City)
- ACT Hospitals & Non-Paying Areas (Restricted)

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Registration number				
Vehicle type (i.e. sedan)				

NOTE: Resident and community nurse are only entitled to ONE vehicle per application.

Personal details

Surname	Given name	Other names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Licence number	Email address	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business hours contact number	Residential address	
<input type="text"/>	<input type="text"/>	

Area Manager to complete (only required for resident parking permit)

I, the undersigned, certify that the applicant named above is the registered tenant at the nominated address.

Name of Area Manager / CEO Today's date / /

Tenancy commenced / / Signature of Area Manager / CEO

Name of
Organisation

Office Stamp

Important Information

When applying via email or post - The Road Transport Authority is committed to ensuring your financial details are secure. Due to this we advise against sending your credit card details in written form. To make a credit card payment (Mastercard or Visa only), please ensure you provide us with your business hours telephone number. An Access Canberra representative will contact you to arrange payment when your application is being processed.

Declaration by applicant (resident, community nurse, Member of Parliament)

I, the person named above, apply for the issue of a parking permit for attachment to the motor vehicle(s) described above and certify that the information on this application is true and correct.
I understand that the parking permit may be revoked by the Road Transport Authority in the event of misuse.

Signature of applicant

Date

Declaration by applicant (Medical practitioner)

I, the person named above, certify that the motor vehicle(s) described above will, if issued a Medical Practitioner's parking permit, be used by me for the purpose of rendering medical attention only.
I declare that the information on this application is true and correct and that I will abide by any conditions or restrictions applying to the parking permit.

ACT Medical Board Registration No.

Date

Signature of Medical Practitioner

Privacy Statement: The personal information on this form is being collected by Access Canberra (part of the Chief Minister, Treasury and Economic Development Directorate) for vehicle registration purposes as authorised by the Road Transport (Vehicle Registration) Act 1999. The information may be used for the administration of driver licensing and vehicle registration legislation and enforcement. Access Canberra will include your information in its "one client record" so that it can be used in respect of any other dealings that you might have with it. Information about your identity, which forms part of your one client record, will also be used for administrative purposes, including to confirm that we are dealing with the correct individual. Your personal information may be used or disclosed to other ACT Government Directorates, Commonwealth, State and other Territory government agencies, transport authorities, law enforcement and court agencies, authorised by law; the Motor Accident Injuries Commission; Austroads Ltd; the National Heavy Vehicle Regulator; the National Capital Authority and individuals, their agents or insurers following a report provided to the police of a motor vehicle accident. Confirmation on a 'yes' or 'no' basis of current registered operator, registration status, vehicle 'stolen' status and outstanding defects on the vehicle may be disclosed to prospective acquirers. If you choose not to provide the personal information requested on this form, we may not be able to process your request. Personal information for this application is not normally disclosed to overseas recipients unless required by law. Personal information is held and managed in accordance with the Information Privacy ACT 2014. You can get more information about Access Canberra's privacy policy which explains how it handles your personal information, including how you may access personal information about yourself, seek correction of your personal information held by Access Canberra or complain about an interference with your privacy from act.gov.au/acprivacy.

Office use only

Staff member's initials

Date