

Mobility Parking Scheme Application (MPS)

Individual and Temporary Permits

Please see the Mobility Parking Scheme (MPS) brochure, or visit www.rms.nsw.gov.au for more information in conjunction with this application.

Customer number

Attachments

Important information

You or your representative must fill in the application form before seeing your medical doctor. The medical information in this application will be used for the administration of the MPS and where appropriate for the Driver Licensing Scheme. Your doctor must complete Section 2 of the MPS form (Medical Certificate) unless you are applying for a replacement MPS permit or you have a clinically recognisable disability on Roads and Maritime Services (RMS) records. RMS has a responsibility to ensure that all NSW licence holders are medically fit to drive. If you hold a driver licence and RMS needs to be notified of any medical condition, you will need to have your doctor complete Section 3 (Medical Report) of this application. The medical information will be used to verify your medical fitness to drive. In the event that any medical practitioner recommends restrictions in respect of your driver licence or certifies that you are medically unfit to drive, this may result in restrictions being placed on your driver licence or the suspension of your driver licence. Section 3 is not required to be completed if the application is for a temporary permit issued for the first time or where a previously held temporary permit has already expired.

Who is eligible?

To be eligible for a MPS permit, a person must be unable to walk because of permanent or temporary loss of the use of one or both legs or other permanent medical or physical condition, or whose physical condition is detrimentally affected as a result of walking 100 metres, or who requires the use of crutches, a walking frame, callipers, scooter, wheelchair, or other similar mobility aid. Permits are also available to people who meet the permanently blind criteria defined at http://www.rta.nsw.gov.au/usingroads/mobilityparking/mobility_eligibility.html. Applicants that do not meet the eligibility criteria will not be issued a permit.

The minimum age for an applicant for a MPS permit is 3 years old. In exceptional circumstances (eg where medical equipment, such as oxygen tanks is involved) an application for a child under 3 may be considered if a letter of support is provided from the child's doctor.

If you are required to have your doctor complete both medical sections of this form it may be necessary to arrange an extra consultation or an extended consultation. Please note that you are responsible for any fees payable to the doctor for the consultation.

Photo exemption requirements

Nearly all registries have disabled access and if necessary an appointment can be made with your local registry for a convenient time to have a photograph taken.

Individual and Temporary MPS permits include a photo of the permit holder, with the exception of permits for people younger than 16 years of age. In other cases, exemptions from having a photo will be granted only if the applicant:

- has a significant facial disfigurement, or
- cannot meet standard RMS photo requirements of full frontal face image due to inadequate muscular control, or
- is mostly bedridden because of advanced age or terminal illness, or
- has a severe disability that prevents them from attending a registry without significant inconvenience and/or embarrassment, or
- has their mobility severely restricted by medical equipment.

Applying for a photo exemption

Applications for a photo exemption must be in writing, and accompanied by a completed application form with a supporting letter from a medical doctor and sent to:

The Manager, Customer Liaison & Data Management,
RMS, P.O. Box 3035, Parramatta, NSW 2124.

If approved, a letter of photo exemption will be issued for presentation at a registry.

Proof of identity

A person applying for, renewing or replacing a MPS permit is required to produce acceptable proof of their identity, such as a driver licence. Other acceptable identification documents are shown in List 1 and List 2 in RMS brochure, 'How to prove who you are' available at our registry.

Applicants may show one document each from List 1 and List 2. Alternatively, two List 2 documents, such as a current Medicare card or Pensioner Concession card, are acceptable.

Further information can also be obtained from our Contact Centre on 13 22 13 or our website at www.rms.nsw.gov.au.

Fees

A fee is required for the issue of an Individual or Temporary MPS permit to non-pensioners. Permits are free for eligible pensioners. Proof of the concession is required and must be validated online. For further information on current fees payable please visit www.rms.nsw.gov.au or call RMS on 13 22 13.

Privacy statement

Roads and Maritime Services (RMS) is subject to the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* and is collecting your personal and health information for your MPS application and to verify your fitness to drive and may retain and use it for driver licensing, motor vehicle and road transport or safety purposes.

RMS is entitled to obtain your personal information under the Road Transport (*General*) Regulation 2013 and you are required to provide this information under the Road Transport Act 2013 and the Road Transport (*Driver Licensing*) Regulation 2008 and RMS may refuse your application if you do not provide it.

RMS may disclose your personal information to other driver licensing and vehicle registration agencies, to assess your application or verify the information you provide, and for inquiries about motor accidents.

RMS will not otherwise disclose your personal information without your consent unless authorised by law.

Your personal and health information will be held by RMS at 101 Miller Street, North Sydney NSW 2060 and you may request access to and/or correction of this information.

Penalties apply to providing false or misleading information under clause 146 of the Road Transport (*General*) Regulation 2013.

Mobility Parking Scheme Application (MPS)

Individual and Temporary Permits

Type of MPS permit needed

Individual Temporary

Type of Application

New Renewal

Replacement
(see page 5 for details)

Reason for replacement

Lost Stolen Damaged Defaced

Confiscated Changed details including appearance Non receipt of permit

Please complete application including Q6 if applicable.

SECTION 1

1. Details for Individual or Temporary MPS permit

Surname of applicant

Given names

Residential address

Postcode

Date of birth

Customer no. (if known)

 / /
Day Month Year

Sex Male Female

2. Do you hold or have you ever held a licence to drive or ride or a NSW Photo Card/Proof of Age Card in NSW in the above name or in another name?

No now go to 4

Yes Other name

Date of birth

 / /
Day Month Year

3. Do any of the following statements apply to you?

(a) You hold a current or suspended NSW licence

No now go to 4

Yes

Licence number

Licence class

Expiry date

 / /
Day Month Year

(b) Your licence is subject to medical review by RMS (including older driver reviews).

No Your doctor needs to complete Section 3

Yes complete (c) below

(c) You have an additional medical condition to report to RMS.

No now go to 4

Yes Your doctor needs to complete Section 3

Note: See Important Information on page 1 of this form about the need for your doctor to complete the Medical Report (Section 3 of this application form).

4. Declaration by applicant

**Please read important Privacy Statement and warning on page 1 of this form.*

I declare that the details in this application are true and complete and that any MPS permit issued as a result of this application, will only be used as set out in the Conditions of Use. I am aware that information provided in this application is used for the MPS and Driver Licensing Scheme.

I declare I have provided true and complete details to my medical practitioner. I also consent to RMS verifying the information contained in this Medical Report with any medical practitioner who provides a certification in respect of my fitness to drive and any medical practitioner engaged by RMS. I recognise that my failure to consent to this verification may result in RMS being unable to determine whether or not I am eligible to hold a driver licence and may result in restrictions being placed on, the suspension of, or the cancellation of, any driver licence that I hold.

I have read and understood the Privacy Statement attached to this form.

Signature of applicant

Date

 / /
Day Month Year

Complete the declaration at 6 if you are unable to return your current permit

5. Declaration by applicant's representative

**Please read important Privacy Statement and warning on page 1 of this form.*

I declare that the details in this application are true and complete and that the applicant is aware that any MPS permit issued as a result of this application is only to be used as set out in the Conditions of Use. I understand that my "personal information" is being collected as the representative of the applicant for a MPS permit.

Name of applicant's representative (please print)

Signature of applicant's representative

Date

 / /
Day Month Year

6. Declaration for non-return of permits

This declaration must be signed if you are unable to return the current permit as required.

I declare that the MPS permit to be returned to RMS is not available because it is currently in use, lost, stolen, damaged, non receipt or confiscated.

I understand that this permit is no longer valid and cannot be displayed in a vehicle. Once a new permit is issued, all previously held permits must be returned to your nearest registry or posted to RMS, Document Verification and Investigations, PO Box 3035, Parramatta NSW 2124.

Signature of applicant or representative

Date

 / /
Day Month Year

Office use Registry / Agency

Proof of Identity Record

Stand alone or primary proof

Secondary proof

Document number

Secondary proof issue or E/Date

Signature of registry officer or agent

Staff number or ID

Date

 / /
Day Month Year

SECTION 2**To be completed by a registered medical practitioner.****Medical Certificate**

Please ensure that the applicant has filled in all personal details in Section 1 before signing the declaration below.

The MPS is designed to maintain the independence of people with a mobility disability. Applicants that do not meet the eligibility criteria on page 1 must not be certified as eligible for a permit. It is important that only people with medical conditions that severely affect their mobility are certified as meeting the scheme's eligibility criteria.

Name of applicant

Date of birth

Day	/	Month	/	Year
-----	---	-------	---	------

I certify that I have examined the applicant shown above in this form and the applicant's condition is:

One of the following clinically recognisable disabilities:

- | | |
|---|--|
| <input type="checkbox"/> Paraplegia | <input type="checkbox"/> Chromosomal or syndromic conditions |
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Neuro degenerative disorder |
| <input type="checkbox"/> Leg amputation | <input type="checkbox"/> Neuro muscular disorder |
| <input type="checkbox"/> Motor Neuron disease | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Cerebral palsy | |

OR another non-Clinically Recognisable Disability that meets the MPS eligibility criteria*(please specify)*Is the condition temporary? Yes No If temporary, give period of disability months
(no more than 6 months)**Declaration by the registered medical practitioner*****Please read important Privacy Statement and warning on page 1 of this form.**

I declare that the details in this application are true and complete. I understand that my "personal information" is being collected for confirmation of the MPS Application Medical Certificate.

I certify that today I have examined the person shown as the applicant for a MPS permit AND this person meets the eligibility criteria for a MPS permit as shown on the front page of this form.Practitioner's name *(please print)*

Business address

Postcode

Provider number

Office telephone number

Signature

Date

Day	/	Month	/	Year
-----	---	-------	---	------

SECTION 3**Medical Report**

Complete this section if the applicant has ticked the appropriate boxes for Question 3 in Section 1. See Important Information shown on front page of this form.

This section is required to determine if the applicant is medically fit to drive.

Please complete this Medical Report in accordance with the published national medical standards and guidelines 'Assessing Fitness to Drive' for commercial and private vehicle drivers published by Austroads. Where medical fitness cannot be determined, you should refer the patient to an appropriate specialist. **All commercial drivers will require a specialist opinion for any serious medical condition.**

Please note that any information that is not relevant to the patient's fitness to drive should not be included in the form.

The completed medical form can be returned to the patient.

Treating Doctor or Medical Specialist's Certification

Please confirm with your patient what class of licence they hold or wish to apply for, and refer to the appropriate medical standards as indicated in the national 'Assessing Fitness to Drive' medical standards. (i.e. private or commercial vehicle standards)

How long have you treated the patient: years monthsDid you have knowledge of the patient's medical history before undertaking this examination: No Yes**In my opinion the person subject to the report:**

- Option 1 - Meets the relevant medical criteria for an unconditional driver licence and requires no further periodic medical review**
- Option 2 - Does not meet the relevant medical criteria for an unconditional or conditional driver licence**
- Option 3 - Meets the relevant medical criteria for a conditional licence, subject to a periodic medical review:**

Please indicate if any other conditional licence options are recommended:

- Downgrade to a lower class of licence *(please indicate recommended class):*
- RMS driving assessment.
- Review by appropriate specialist and/or further assessment.

(please nominate type of specialist and/or assessment: e.g. neurologist, cardiologist, geriatrician, occupational therapist driving assessment, etc)

- Daylight hours only.
- Modified vehicle - *(please specify)*

Recommend radius restriction*(not more than (tick box) from place of residence):*

- 2km 5km 10km 15km 20km
- 30km 40km 50km 75km 100km

Treating Doctor or Medical Specialist's Details*(This section must be completed in all cases)*

Signature

Date

Day	/	Month	/	Year
-----	---	-------	---	------

Doctor's name

(continued next page)

1. VISION

If the patient has a vision or eye disorder or visual field defect an Optometrist or Ophthalmologist will need to complete this section. Refer to Vision and Eye Disorders in 'Assessing Fitness to Drive' publication for relevant visual standards.

Eye specialist details:

Name Date

/ /

Signature Tel No.

Does your patient have a vision or eye disorder? No Yes
If No, please go to visual acuity and binocular visual fields sections

If Yes, please tick the appropriate condition(s):

- Monocular vision Diplopia/Double vision Cataracts
 Poor night vision Glaucoma Macular degeneration

Other:

Is this condition corrected by wearing glasses or contacts? No Yes

Visual acuity:	Right	Left	Together
Uncorrected	6/ <input type="text"/>	6/ <input type="text"/>	6/ <input type="text"/>
With glasses/contacts	6/ <input type="text"/>	6/ <input type="text"/>	6/ <input type="text"/>

Are glasses or contacts worn for driving? No Yes

Binocular visual fields:

Does your patient have a visual field defect? No Yes

If Yes - does binocular visual fields meet the required standards specified in 'Assessing Fitness to Drive' No Yes

2. CARDIOVASCULAR DISEASE

Does the patient have a cardiovascular condition? No Yes
(If No, go to Question 3. If Yes, please complete the following.)

Please tick the appropriate condition(s):

- Acute Myocardial Infarct Angina Angioplasty
 Cardiac Arrest Heart Failure CABG
 Cardiac Defibrillator (ICD) Heart Transplant Aneurysms
 Congenital Disorders Pacemaker
 Dilated Cardiomyopathy HCM Cardiomyopathy

Other: (relevant to 'Assessing Fitness to Drive')

(N.B. If patient has an ICD implanted, they are not eligible to hold a commercial class of licence. Please refer to national guidelines.)

3. DIABETES

Does the patient have diabetes? No Yes
(If No, go to Question 4. If Yes, please complete the following.)

Diabetes controlled by Insulin Tablets / other non insulin agents

Is the patient compliant with medication? No Yes

Any end organ effects: (please specify)

4. EPILEPSY

Does the patient have epilepsy? No Yes
(If No, go to Question 5. If Yes, please complete the following.)

Type:

Date of last seizure:

Diagnosis confirmed by Specialist: No Yes

5. NEUROLOGICAL CONDITIONS

Does the patient have a neurological condition? No Yes
(If No, go to Question 6. If Yes, please complete the following.)

Please tick the appropriate condition(s):

- Dementia Aneurysms Cerebral Palsy
 Brain tumour(s) Multiple Sclerosis Parkinson's

(continued next column)

Head/Brain Injury Meniere's Disease Vertigo

Intellectual impairment

TIA/Syncope/Blackout: date of most recent episode:

Stroke: date of most recent episode:

Neuromuscular condition: (specify)

Other:

6. SLEEP DISORDER

Does the patient have a sleep disorder? No Yes
(If No, go to Question 7. If Yes, please complete the following.)

Sleep Apnoea No Yes

Narcolepsy No Yes

Well controlled No Yes

(Referral is required to an appropriate specialist for all commercial drivers with a diagnosed Sleep Disorder.)

7. MENTAL HEALTH/NERVOUS DISORDER

Does the patient have a mental health/nervous disorder? No Yes
(If No, go to Question 8. If Yes, please complete the following.)

Please tick the appropriate condition(s):

Schizophrenia Bipolar affective disorder ADHD

Chronic depression Personality disorder PTSD

Anxiety disorder Tourettes

Other:

Does the patient require medication? No Yes

If Yes - is the patient compliant with medication? No Yes

Is the condition likely to affect driving? No Yes

8. MUSCULOSKELETAL DISORDER

Does the patient have a musculoskeletal disorder? No Yes
(If No, go to Question 9. If Yes, please complete the following.)

Please tick the appropriate condition(s):

Loss of limbs/digits or deformities: (specify)

Chronic pain Severe arthritis

Other:

Is the condition likely to affect driving? No Yes

9. SUBSTANCE MISUSE

Does the patient misuse/abuse Alcohol or Drugs? No Yes
(If No, go to Question 10. If Yes, please complete the following.)

Does the patient abuse alcohol? No Yes

Does the patient use illicit drugs? No Yes

Does the patient misuse prescription drugs? No Yes

Is the patient involved in appropriate treatment program(s)? No Yes

Any end organ effects: (please specify)

10. HEARING LOSS (required for commercial drivers only)

Does the patient have severe hearing loss? No Yes
(If Yes, referral is required to an appropriate ENT specialist or audiologist.)

Comments on any condition likely to affect driving. Append additional pages if necessary.

Please detach this page from your completed application form and retain for easy reference.

Displaying your permit

From September 2010, Mobility Parking Scheme (MPS) permits must be displayed in an Australian Disability Parking permit, as provided to you by RMS. As a courtesy, RMS can supply a suction cup to attach the permit to the vehicle window. You are not required to use this device and may use other methods that do not obscure the permit details or the driver's vision.

If you choose to use the suction cup, the manufacturer advises that the suction cup's effectiveness is improved when used on a clean windscreen. Use of an alcohol wipe is recommended as some window cleaners may leave a residue.

Conditions of Use

A MPS permit is issued subject to the following conditions and heavy penalties may apply for failing to adhere to these conditions:

- a) The permit must be inserted and displayed in the plastic sleeve on the Australian Disability Parking permit provided to you by RMS.
- b) The permit must only be displayed when the vehicle is being used to transport the individual to whom the permit was issued. It must not be used to visit or run errands for an eligible person when that person is not being transported in the vehicle.
- c) The permit should be displayed unobscured on the left hand (passenger) side of the vehicle on either the vehicle's windscreen, or on any window. If this is not practicable, it should be placed in an area where the whole of the permit may be viewed from outside the vehicle. The sides marked 'THIS SIDE UP' or 'DISPLAY THIS SIDE' must face out. The permit may be attached to the vehicle by any method that does not obscure any of the permit details or the vision of the driver when the vehicle is in motion.
- d) Parking concessions available under the MPS are only valid at on-street or council operated car parks. To park in a designated disability parking space in a private car park, you must display your valid MPS permit and pay any applicable fees required.
- e) The permit is valid until the date of expiry, unless it is revoked.
- f) The permit can no longer be used once it expires. It must be renewed and a current permit displayed for any disability parking concessions.
- g) The permit must be returned to our registry on expiry, if it is revoked by RMS or as soon as its use is no longer required eg. the person no longer suffers from the disability that made them eligible for the permit.
- h) The permit must not be reproduced, copied, defaced, altered or destroyed.
- i) The permit is not valid if reproduced, copied, defaced or otherwise altered or where one or more of the details on the permit (e.g. card number or expiry date) are illegible.
- j) If the permit is used in another State or Territory, it may be used in accordance with their prevailing parking concessions.
- k) The permit may be confiscated by an authorised officer and/or revoked by RMS for misuse or breach of any of these Conditions of Use.
- l) The permit is subject to other such conditions that may be imposed by RMS.

Parking concessions

The MPS permit entitles you to park in spaces marked with a symbol for people with disabilities. The permit also provides parking concessions in other spaces:

- Where parking is limited by a sign to more than 30 minutes, the vehicle can park for an unlimited time.
- Where parking is limited by a sign to 30 minutes, the vehicle can park for 2 hours.
- Where parking is limited by a sign to less than 30 minutes, the vehicle can park for a maximum of 30 minutes.
- At a 'No Parking' sign you may park up to 5 minutes, and the driver must remain within the vehicle or within 3 metres of the vehicle to drop off or pick up passengers or goods.
- When parking in metered, coupon or ticket parking areas operated by councils, no charge is applied. Charges may apply in privately operated parking areas.

All other parking rules apply.

When do the concessions apply?

The parking concessions apply when the MPS permit is displayed on the vehicle and it is being used to transport the individual to whom the permit is issued. Parking concessions available under the MPS are only valid of on-street or council operated car parks.

Car parking areas operating behind boom gates are privately operated and no concessions are afforded in these areas. To park in a designated disability parking space in a private car park, you must display your valid MPS permit and pay any applicable fees required.

Replacement MPS permits

When applying for a replacement MPS permit, you must indicate the reason in the relevant area on page 2 of this form. If you are unable to return the permit you are replacing, you must complete the declaration at Question 6.

Once a replacement MPS permit is issued, the previous MPS permit is revoked and can no longer be displayed in a vehicle. Displaying a revoked MPS permit can result in a heavy fine being issued. If your old MPS permit is found, you must post it to RMS, Document Verification and Investigations, PO Box 3035, Parramatta NSW 2124 as soon as possible.

Invalid MPS permits

A MPS permit becomes invalid if it expires, is revoked by RMS or the permit holder is deceased. Display of a MPS permit that is invalid can result in a heavy fine being issued. Invalid permits should be posted to RMS, Document Verification and Investigations, PO Box 3035, Parramatta NSW 2124.

Changes in your Medical Condition

If your medical condition improves and you no longer require the use of your MPS permit, you are required to return your MPS permit to your nearest registry or post it to RMS, Document Verification and Investigations, PO Box 3035, Parramatta NSW 2124.

Penalties

Failure to comply with these conditions can constitute an offence under the Road Transport (*General*) Regulation 2013 and you can be fined up to \$2,200.00.

Hotline

Abuse of the MPS can be reported by phoning 1300 884 899 or emailing Customer_Service_Centre@rms.nsw.gov.au.