

MOBILITY PARKING PERMIT APPLICATION RAIHANA TUUNGA WAKA



WHAT IS THE MOBILITY PARKING PERMIT? HE AHA TE RAIHANA TUUNGA WAKA?

The Mobility Parking Permits are an authority to use:

He kahiti e whaka-mana-ana ki te katoa, Ara:

- **Accessible car parks [outlined in yellow and displaying the wheelchair symbol]**
- E ahei ana te kai pupuri o tenei raihana, ki te tuunga-waka e iri ana he turu wiira I roto I te kara kowhai
- **Standard car parks and metered spaces for longer than stated times, and**
- Nga tuunga waka mo te katoa aha koa he aha
- **Many time restricted zones, eg P30 for longer than stated times (as set out in local by-laws)**
- Tae atu hoki, ki te roa o te tu, Kaore he utu

Please check with local authority regarding rules.

Eligibility criteria are displayed on the application form attached.

CONDITIONS OF MOBILITY PARKING PERMITS

All qualifying applicants receive a Permit with their personal number and expiry date. Membership is NOT transferable. The Mobility Parking Permit must be displayed clearly on the inside of the front windscreen or the dashboard **only** when the Permit Holder is using the vehicle and the parking space is being used for the benefit of the Mobility Parking Permit holder. The Mobility Parking Permit must not be permanently affixed to the vehicle.

CCS reserves the right to decline any application that it considers does not meet the eligibility criteria or to cancel or withdraw any Mobility Parking Permit for incorrect usage.

Permits remain the property of CCS and must be returned to the nearest branch if no longer required by the permit holder

NGA TURE O TE RAIHANA

- Ka hoatu-ngia he nama ki nga tangata, e ahei ki tenei raihana. Tae atu hoki ki te wa e mimiti ai.
- E hara I te raihana mo te tuari haere.
- Me whaka-iri ki te taha o roto o te wini whakaruru-hau, a ki te tirohanga kanohi ranei I te wa kei roto te tangata e ahei ana ki taua raihana.
- Kua te raihana e whaka piria atu ki te waka mo ake tonu atu.
- E ahei ana a CCS ki te whaka-kore, whaka-whiwhi ranei I tenei raihana, I runga I o ratou whaka-aro, ara, kei te mau-kino-ngia pea, kei te he ranei, te whaka-mahi.

Nga Tohu-Tohu Mo Te Utu

Tuhia, ka tuku I to putea kia CCS ara, ma te tari o to rohe e tuku.

E HOKI MAI AI TO PUTEA, KA MUTU TONU, MA TE KORE ANAKE O CCS E WHAKA-AE KI TO TONO.

Send your application form to your nearest CCS branch or agency

Service Centre	Address	Telephone
Auckland	PO Box 6450, Wellesley Street, Auckland	09) 414 9780
Bay of Plenty	Peter Hereford Centre, 14th Avenue (PO Box 2148, Tauranga)	07) 578 0063
Canterbury	27 Kilmarnock Street, Riccarton, Christchurch (PO Box 8066, Riccarton, Christchurch)	03) 348 8974
Hawkes Bay	Cnr Station/Munroe Streets, Napier (PO Box 507, Napier)	06) 834 0499
Manawatu	248 Broadway Avenue, Palmerston North (PO Box 143, Palmerston North)	06) 357 2119
Marlborough	9 Sinclair Street, Blenheim (PO Box 533, Blenheim)	03) 578 1170
Nelson	65 Trafalgar Street, Nelson (PO Box 586, Nelson)	03) 548 4479
Northland	291 Kamo Road, Whangarei (PO Box 8035, Kensington, Whangarei)	09) 437 1899
North Taranaki	McKendrick House, 112 Vivian Street, New Plymouth (PO Box 324, New Plymouth)	06) 758 5423
Otago	514 Great King Street, Dunedin (PO Box 6174, Dunedin)	03) 477 4117
South/Central Taranaki	85-87 Princes Street, Hawera (PO Box 687, Hawera)	06) 278 7212
Sth Canterbury	26 North Street, Timaru (PO Box 585, Timaru)	03) 684 7151
Southland	142 Don Street, Invercargill (PO Box 492 Invercargill)	03) 218 9696
Tairāwhiti HB	7 Ormond Road, Gisborne (PO Box 15, Gisborne)	06) 867 1249
Waikato	Claudelands Road, Hamilton East (PO Box 272, Hamilton)	07) 853 9761
Wairarapa	29 Albert Street, Masterton (PO Box 498, Masterton)	06) 378 2426
Waitaki	316 Thames Highway, Oamaru (PO Box 468, Oamaru)	03) 437 3760
Wellington	PO Box 30759, Lower Hutt	04) 568 9000

**For information about your nearest branch contact
0800 CCSCALL - 0800 227 2255**

Part A: This portion to be correctly completed by or on behalf of the applicant prior to Part B being completed

Title: Mr/Mrs/Ms/Miss/Master/Other, please state

Family Name:	First Name:	Date of Birth / /
Residential Address:		
Suburb:	City:	Postcode:
Postal Address if different:		
Telephone: Home	Business	Mobile

Please tick if you are you the: Driver Passenger Both one only
 (note please ensure that names and date of birth are correctly completed or application will be returned)

Part B: This portion must be completed in full by a medical practitioner

Eligibility Criteria: the applicant must –

1. Be unable to walk and reliant on a wheelchair for mobility, or
2. Rely on mobility devices [eg crutches, walking sticks, walking frames], or
3. Be unable to walk 200 metres unassisted because of the nature/severity of their condition.

E ahei ai te kai tono:

- Kahore e taea te hikoi Engari / Ara ma te turu wiira
- Rakau Kurupae, Tokotoko, Whaka-mau, Whirinaki
- Kahore ranei e taea te hikoi mo te 200 mita, Kahore he awihina, ranei

The key word is MOBILITY

Please provide details of the applicant's disabilities and an indication of the severity which, in your opinion, qualifies the applicant for the scheme under the eligibility criteria listed above.

[Note: this section must be completed legibly or the application will be returned for completion].

Primary Disability:	Patient's NHI No.: <input type="text"/>	
How does this affect mobility:		
Long term disability <input type="checkbox"/>	Short term disability: <input type="checkbox"/>	
If short term, state length of time likely to last – eg 3, 6 or 12 months		
Eligible under criteria	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Practitioners name:	Telephone	
Surgery address:	Practitioner's Stamp	
NZMC Registration No: <input type="text"/>		
Signature		Date:

FOR BRANCH USE ONLY

Renewal	Yes / No	Approved	Yes / No	Issuing Branch Code	<input type="text"/>
If declined give reason:					
New permit No:	Delete old permit No:	lost / stolen / expired			
Date of issue <input type="text"/>	Date of expiry <input type="text"/>				
Receipt No:	Amount:				
Signed:	Designation:	Date:			

Part C: This portion to be completed by or on behalf of the applicant

Tenei wahanga, ma te kai tonono, ma He kai awhina ranei e whakatutuki

Declaration [Please sign and return with your payment to the nearest CCS branch]

[Whakamana-tia, ke whakahoki, me te take ki te tari a CCS e tata ana atu ki to rohe]

I declare that the information provided in this application is complete, true and correct and authorise my doctor to provide all information required for my application to be processed.

I understand that I will be contacted if insufficient information has been provided to enable an assessment of my application.

I agree that if my application is approved, I will undertake to observe the conditions governing the granting and use of the Mobility Parking Permit (MPP) and that incorrect usage may result in its withdrawal.

I authorise the collection of personal information under the Privacy Act 1993 for the use of CCS and the MPP scheme and for the operation, administration and enforcement of the terms of Mobility Parking, and may be passed to the Ministry of Transport, Local Territorial authorities and other authorised traffic enforcement agencies.

E whaka-ae-ana ahau, ara, nga whakaturanga kua whakatuwheratia ki roto i tenei tonono Kua Kapi, He pono, me Te tika i roto i nga tikanga katoa,pera ano, kia whaka-tuwhera-hia, e taku Takuta, nga tikanga katoa e pa ana ki taku tonono.

E marama ana ahau, Ara, Ka karanga-hia ahau, me he mea kaore i te tika nga whaka-marama-tanga e hiahia-tia-ana, mo taku tonono,pera ano, ki te whaka-ae-tia taku tonono, ka pumau taku pupuri ki nga ture kua whakaritea, e pa ana, ki tenei raihana.

E whakae ana ahau, ki te kohinga o nga whakamaramatanga kei runga i tenei panui e hangai motuhake atu ama ki nga ture 1993 e whaka-mana-ana ia CCS me te MP raihana kaupapa.

E whaka-ae-ana ahau Ara mo te whaka-haere whakamahi rue te whaka-mana o nga ture e pa ana ki tenei raihana.

Tena pea, ka tukua atu ki te tari o te Minita mo nga waka, me nga tari o nga rohe.

Signed:

Date: / /

If not signed by applicant, state capacity of signatory:

Please ensure that parts A, B and C have been completed

Payment details : please make cheques payable to CCS branch and forward, with your completed application form to your nearest CCS branch.

This fee is non-refundable unless your application is declined.

Long term disability [Five year term - **\$45 [incl GST]**

Short term disability [Up to 12 months - **\$30 [incl GST]** 3, 6 or 12 months

[There is no charge for an extension of a short term permit **within the same 12 month period**]

Cheque enclosed

Please debit my credit card (delete as necessary) Mastercard/Visa

Cardholders Name

Signature

Expiry date /

Amount \$

Please note, not all branches have credit card facility. Please check first.

Please tick if you do **not** wish to receive further information or material from CCS.

Me he mea kua ngata to hiahia Kia CCS