

Application form for disabled parking bay for private residence



This form is available in a variety of accessible formats (i.e. large print or braille) upon request.

How do I apply for a disabled parking bay?

If you think you are eligible for a disabled parking bay, please fill in this form and send it and the items listed below to us at: Traffic Section, Municipal Services Department, Dún Laoghaire-Rathdown County Council, County Hall, Marine Road, Dún Laoghaire, Co Dublin.

If you have any questions about this form contact the Traffic Section of the Municipal Services Department: phone (01) 205 4700; email traffic@dlrcoco.ie

These forms are available on our website www.dlrcoco.ie; at the information desk at County Hall; at our Dundrum offices; by fax; and by post.

In addition to this application form, please send us:

- a copy of your current HSE Primary Medical Certificate; or
- a copy of your current disabled parking permit, front and back – this is the Blue Badge.

Who chooses where the disabled parking bay will be?

If you qualify for a disabled parking bay, we will tell you where we will put the bay. It may not be outside your house, but it will be in the closest place that is safe and does not cause problems to other traffic.

Can anyone fill in this form?

This form is for people who qualify for a disabled parking bay and the questions are directed at them. If you are filling in this form for someone else, please complete the form and also fill in your details at sections 11, 12 and 13 under: "I am filling in this form for someone else".

Each year, we will review whether or not you are eligible for a disabled parking bay.

If you are no longer eligible or you move house, please inform our Traffic Section as soon as possible.

We will keep all the information you give us confidential.

1 Name

2 Postal address

Email

3 Phone

4 Does your house have off-street parking (a driveway or garage)?

Tick one. Yes a No

Is it reasonably possible to provide off-street parking space?

Tick one. Yes No

5 Do you keep your vehicle permanently at the above address?

Tick one. Yes No

6 Are you the driver of this vehicle? Tick one. Yes No

If 'No', does the driver live at the above address? Tick one. Yes No

7 Do you have a driving licence?

Tick one. Yes No

8 What is the make and model of the car?

Make _____ Model _____

9 Do you have any special requirements for access to the vehicle such as ramps or lifts?

Tick one. Yes No

10 Do you have a carer or someone else who drives you?

Tick one. Yes No

If 'Yes', if we gave you an alternative parking space would you be able to get help from a carer or driver to get to your home?

Tick one. Yes No

If 'No', if we gave you an alternative parking space would you be able to get to your home without help?

Tick one. Yes No

I am filling in this form for someone else.

11 Name

12 Address

13 Phone

Please read the following and sign below to show that you agree with it.

I confirm that all the above information is correct.

I know that if you provide me with a disabled parking bay, I must still obey the law as outlined in any other legislation.

I will obey the conditions you set, and any other conditions the licensing authority imposes.

Signature of applicant _____

Date _____

An Rannóg Seirbhísí Bardasacha Municipal Services Department