



Office Use Only: NTLIT

EXPIRY:

RECEIPT:

APPLICATION FOR AN AUSTRALIAN DISABILITY PARKING PERMIT
(For persons with permanent mobility limitations)
(Permanent Permit valid 3 years)

Surname: _____ First Name/s: _____

Postal Address: _____

Residential Address: _____

Contact Numbers: (BH) _____ Mobile: _____

Declaration: I understand that the Permit issued is for my use only and that I must be in using the vehicle whenever it is parked with the permit displayed and that any abuse or misuse of the permit may result in it being revoked by Litchfield Council.

Signature of Applicant /Guardian _____ Date ____/____/____

Doctor's Report (This section to be completed by a qualified medical Practitioner)

1. Does the Applicant suffer from a physical disability affecting mobility? Yes No
2. The Applicant's physical disability is Permanent
 Temporary _____ expected duration
3. To what extent is the applicant's movement restricted, necessitating the need for a parking permit?

4. Please state the nature and extent of the disability.

5. Does the applicant require the use of mobility aids? If so, please specify equipment:

Name of Medical Practitioner: _____

Address: _____

Contact Number: _____

Doctor's Signature _____ Date ____/____/____

See over for Payment/Information



Applying for a Permit

- There is a first-time fee of \$13.00 when applying for a disability permit.
- Renewals are free of charge.
- Disability permits are valid for a three-year period.

Using a Disability Permit



- Permits must be displayed inside the windscreen whenever the permit holder is using the vehicle.

Travelling Interstate

- Disability parking permits are valid when travelling within Australia.
- You must check with local authorities as to concession entitlements.
- Disability parking permits are transferable from vehicle to vehicle whenever a person with mobility limitations requires parking consideration.

Payment can be made in person at the Litchfield Council Office, where EFTPOS facilities are available, or by post, with the completed form enclosed, and cheque or credit card to:

Litchfield Council, PO Box 446 Humpty Doo NT 0836, or email the form to council@litchfield.nt.gov.au.

Please debit my		<input type="checkbox"/>		<input type="checkbox"/>
Name on Card: _____				
Card Number: _____				
Expiry: _____/_____			CVV: _____	
I authorise Litchfield Council to charge my credit card with the amount of \$13.00.				
Signature of Cardholder: _____				

Privacy Statement

Litchfield Council will comply with the information Privacy Principles contained in the Northern Territory Act. These Principles protect the privacy of personal information collected and held by the Council.

Updated 29 June 2026