

# Irish Wheelchair Association

Driving Section, Ballinagappa Road, Clane, Co. Kildare Tel: 045 893 094 E-mail: maats@iwa.ie



## Application for Disabled Persons' Parking Card

It may not be necessary to complete all sections. Please read carefully the notes below.

Notes: This form has 5 Sections: **A, B, C, D and E.**

**Sections A, B and E:** Must be completed by ALL applicants.

**Section B:** If you answer **Yes** to any question in Section B and can provide the appropriate letter / registration, then go directly to **Section E** and sign the declaration.

If you answer **No** to **Section B**, please also complete **Sections C, D and E.**

A €25.00 fee and 2 passport size photographs must be enclosed with all applications to the above address.

### Section A: To be completed by all Applicants

#### Details of Applicant (Person with Disability)

Surname  (Mr / Mrs / Miss / Ms)

Forename(s)

Address

Date of Birth  Date  Month  Year

Day time Telephone No. (Incl. Prefix)

Please outline nature of your disability

### Section B: To be completed by all Applicants

Please tick box

1. Are you a **Primary Medical Certificate** holder? Yes  No

*Please note: The Primary Medical Certificate is not the Medical Card.*

If **Yes**, please enclose

(a) Copy of Primary Medical Certificate

**or**

(b) Copy of Vehicle Registration Document detailing tax exemptions

2. Are you registered blind? Yes  No

If **Yes**, please enclose copy of Blind Registration.

If you have answered **Yes** to either of the above questions, please proceed as follows:

Sign the Declaration at **Part E** and return the form together with:

(a) cheque or Postal Order for €25.00

**and**

(b) two passport size photographs with your name printed on the reverse side

**and**

(c) copy of either Primary Medical Certificate, VRT document **or** copy of Blind Registration.

**Please note:** Primary Medical Certificate holders and people registered blind will receive a Disabled Persons' Parking Card for a period of five years.

All other Applicants will receive the Disabled Persons' Parking Card for 2 years.

If you have answered No to Section B, please complete Sections C, D and E

## Section C TO BE FILLED IN BY APPLICANT'S DOCTOR

Irish Wheelchair Association is licensed by the Department of Environment and Local Government to issue Parking Cards under the Statutory Instruments No. 182 of 1997.

- How long have you known Applicant? \_\_\_\_\_
- Please describe Applicant's medical condition / nature of disability  
\_\_\_\_\_  
\_\_\_\_\_
- Is this disability: Permanent  Temporary  Intermittent
- Please answer the questions below to outline mobility of Applicant

	Yes	With Difficulty	With Assistance	No
Is the Applicant able to walk?				
Comments				

	Yes	Regularly	Occasionally	Never
Does the Applicant use a wheelchair?				
Comments				

**In order to qualify for a parking card, the Applicant must satisfy one of the following criteria. Please tick box that matches Applicant's circumstances.**

- Be wholly or almost wholly without the use of one leg and almost or wholly without the use of the other leg, such that the applicant is severely restricted as to the movement in his/her lower limbs resulting in limited walking ability.
- Be without one or both legs.
- Be wholly or almost wholly without the use of both hands or arms and wholly or almost wholly without the use of one leg.
- Have the medical condition of Dwarfism which results in him/her having serious difficulties with the movement of the lower limbs resulting in limited walking ability.
- Have had a stroke / CVA / brain haemorrhage, resulting in serious restriction of movement of the lower limbs.
- Have a cardiovascular disease to such an extent that he/she has severe mobility restriction and limitations to include people with post heart surgery or awaiting heart surgery, people with lung and respiratory difficulties when walking would cause severe complications.

I hereby certify that the Applicant satisfies the medical criteria as outlined on previous page.

Doctor's Signature: \_\_\_\_\_

(Please Use Block Capitals)

Doctor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's  
Stamp

**NB:** Irish Wheelchair Association may require additional information in relation to this Applicant to satisfy the issuing criteria of the Parking Card.

## Section D

### GARDA CERTIFICATE FOR DISABLED PERSONS' PARKING CARD

**TO BE COMPLETED AT YOUR LOCAL GARDA STATION**

I certify that Mr / Mrs / Miss / Ms \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

is known to me or the two passport photographs are of the Applicant.

Garda Station  
Official Stamp

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Section E: To be completed by all Applicants

### CONDITIONS FOR ISSUE OF DISABLED PERSONS' PARKING CARD

The Parking Card is valid for a period of two or five years, depending on how applicant meets criteria, from the date of issue.

The Parking Card is issued solely for the use of the registered holder.

The Parking Card is to be used only by the holder and should only be displayed on a vehicle in which the holder is a driver or passenger.

In the event of the death of the parking card holder, the Parking Card must be returned to the Issuing Authority.

The Issuing Authority may withdraw the Parking Card in the event of misuse.

Parking Card holders are requested to use disabled parking bays only when necessary and are encouraged to use regular parking bays when possible.

Passenger Parking Card holders are requested where possible to use disabled parking bays for drop off and collection points.

I agree to abide by the Conditions of Issue as per above. I also acknowledge that the parking card remains the property of Irish Wheelchair Association and I further agree to return the parking card in the event of misuse or if I am requested to do so by the Irish Wheelchair Association. I declare that the information given is correct and I agree to Irish Wheelchair Association contacting my doctor, if necessary, for the purpose of obtaining further information to support my application.

Signed:

Date:

Applicant / On behalf of Applicant

If signing on behalf of applicant,  
please print your name :

### Check List

Have you (Please tick)

- Completed **Section A** (all applicants)
- Completed **Section B** (all applicants, for those who answer **Yes**, attach relevant documents)
- Completed **Section C and Section D** (by those who cannot answer **Yes** in **Section B**).
- Completed **Section E** (all applicants).
- Enclosed 2 recent passport size photographs of the disabled person, signed on the back.
- Enclosed a €25.00 fee for the issue of the Parking Card. Cheques or Postal Orders should be made payable to Irish Wheelchair Association.
- Enclosed a stamped self-addressed envelope, not smaller than 9 inches x 6 inches.