

Personal Callers:

 Civic Centre
 Civic Centre Road
 Southampton
 SO14 7LY

Postal Applications:

 Parking Services
 Southampton City Council
 PO Box 1098
 Southampton. SO14 7WE

Or Tel 023 8083 4600 Mon – Fri 8.30am – 4.30pm

FOR OFFICE USE ONLY

Application No	
Permit No	
Docs Seen	
Permit Type	
Issued By	

APPLICATION FOR MEDICAL PARKING PERMIT

Please carefully read the guidance notes on the rear of this application form, then complete and return it, either in person or by mail.

PART 1 TYPE OF PERMIT REQUIRED (tick box)

 First permit to be issued Renewal
PART 2 PERSONAL DETAILS (BLOCK LETTERS)

(a) Mr/Mrs/Ms/Miss/other		(b) Forename		(c) Surname	
(d) Address					
(e) Post Code		(f) Contact Tel No			

PART 3 VEHICLE DETAILS (BLOCK LETTERS) **The current permit allowance is one per application**

(a) Vehicle Registration No					
(b) Make		(c) Model		(d) Colour	
(e) Is it a commercial vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the maximum weight? Kg (max weight 3.5 tonnes)					
(f) Is the vehicle more than 5 metres in length? Yes <input type="checkbox"/> No <input type="checkbox"/>					
(g) Is the vehicle constructed or adapted to carry more than 9 persons, including the driver? Yes <input type="checkbox"/> No <input type="checkbox"/>					
(h) Are you the Registered Keeper? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No complete question 3 (l))					
(l) Name, Address and Contact number of Registered Keeper					
Post Code		Contact Tel No			

PART 4 VERIFICATION DETAILS (BLOCK LETTERS)

(a) Your Occupation					
(b) Employers Name					
(c) Employers Address					
Post Code					
Authorisers Name		Position			
Contact Tel No		Email Address			

Guidance notes

Medical parking permits are available to people in the medical professions such as, Midwives, 'twilight' nurses, mobile dentists and physiotherapists.

The medical parking permit is currently issued free of charge.

Applications for medical parking permits **must** be authorised by your line manager or head of department.

The medical parking permit is issued on an annual basis and will be renewable by means of annual application.

To obtain a medical permit you will need authorisation from your employer and a copy of the Vehicle Registration Document V5 (V5C), which must be in your name and for your current address, unless:

- You are the driver of a vehicle provided by your employer (see Company Notes below)
- You are not the Registered Keeper (see Registered Keeper Notes below)

If you are using a company or lease vehicle you will need to provide a letter of authorisation from your employer on company headed paper, confirming that you are the main driver. This letter must also give details of the vehicle make, model, colour and registration mark. You are not required to provide a copy of the V5 (V5C) vehicle registration document.

If you are using a vehicle but are not the Registered Keeper and wish to apply for a medical permit you will need to provide a letter of authorisation from the Registered Keeper, giving you permission to use the vehicle. A legible photocopy of the vehicle registration document V5 (V5C) **must** accompany the letter of authorisation. A letter of acknowledgement will be sent to the Registered Keeper of the vehicle confirming that a permit has been issued.

Please do not send original documents through the post Copies of documents should be sent with applications, except for company letters that must be originals and will be retained for our records.

Proof of Vehicle: (examples) Vehicle Registration Document V5 (V5C) Vehicle Bill of Sale, Motor Vehicle Insurance Policy or Cover Note for vehicle named on application.

PART 5 DECLARATION BY APPLICANT

(a) I hereby certify that my normal place of abode is at the address shown at 2(d).

(b) I undertake that, if I cease to be employed by the company shown in 4(b), or cease to keep or use the vehicle, the registration number of which is shown at 3(a), I will surrender my medical parking permit to Southampton City Council.

(c) I understand that the permit is only valid within a marked resident parking bay, limited waiting bay or a Southampton City Council car park that does not charge for parking. Otherwise I will become liable to the issue of a Penalty Charge Notice.

(d) I accept that it is my responsibility to ensure that I have a valid medical parking permit displayed on my vehicle at all times so that it is clearly visible through the windscreen. Otherwise I will become liable to the issue of a Penalty Charge Notice.

(e) I confirm I have read and understood the relevant guidance notes above.

(f) I declare that all the information I have given in this application is correct.

Any person making a false statement for the purpose of obtaining a Medical Parking Permit is liable to a fine not exceeding £1000 (section 115(2) Road Traffic regulations Act 1984)

Applicants signature:

Date: _____

Date from which permit is required 1/ / (permits will be issued from the first day of closest month)