

APPLICATION FOR THE EXEMPTION OF PARKING PROVISIONS

i.t.o. reg.427D of the Road Traffic Regulations, 1990

A) PARTICULARS OF APPLICANT

Type of identity document

Register No.	RSA ID doc	Foreign ID
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Identity No. /registration No. _____

Nationality, if non RSA citizen _____

Surname and initials _____

Address _____

Telephone (h) _____ (w) _____ cell _____

E-mail Address _____

Car reg no: _____

B) PARTICULARS OF PARENT/GUARDIAN (if application is a minor)

Type of identity document

Register No.	RSA ID doc	Foreign ID
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Identity No./registration No. _____

Nationality, if non RSA citizen _____

Surname and initials _____

Address _____

Telephone (h) _____ (w) _____ (cell) _____

E-mail Address _____

MEDICAL CERTIFICATE

PARTICULARS OF MEDICAL PRACTITIONER

Name _____ (practice or HPSA) _____

Address _____

E-mail _____

Telephone No. _____

Please answer the following questions regarding the applicant:

Nature of disability_____

Is the disability permanent? Yes/No

If no, please give details_____

Do you recommend a temporary exemption? If yes, give period_____

Does the application use a wheelchair? Yes/No_____

Does the applicant use any other mobility aids? Yes/No_____

If yes, please name_____

How far is the applicant able to walk unaided?_____

Is the applicant the driver of the vehicle? Yes/No_____

Is the applicant able to transfer in and out of the car independently? Yes/No_____

In your opinion, why does the applicant require a parking exemption?

DECLARATION

I, declare that all the particulars furnished by me on this form are true and correct

Signature_____Place_____Date_____

Application Approved_____period_____

Declined_____Reason_____

Signed: _____Date:_____