

Department of Transport Services Form

Type of request:*

- New Renewal Amendment Cancellation Lost

Services required (Please fill in accompanying sections based on letter(s)):

- Parking reservation permit (C, D) Utilising private land as parking areas permit (C, D)
- Advertisement campaigns permit (A, C, D) NOC - Install parking shades (C)
- NOC - Removal/Installation of PDMs and other parking signage (C, F) NOC - Commercial Licenses (A)
- Usage of pavements and open/external spaces permit (C, E)
- Clearance Certificate - Public property damage on main roads (B)
- Other:

Applicant details (Compulsory):

Name/Company: Email:
Telephone: Mobile:

A. Commercial License details:

License No.: Activity type:
License owner: Address:

B. Issue Clearance Certificate (Accident details):

Owner/Driver name: Insurance company:
Accident date: Accident location:
Plate No.: Plate source:
Plate type: Vehicle model:

C. Parking Permit details:

Sector No.: Street name:
Zone: Number of parking shades:

D. Reserve parking or utilisation of private land as parking area or advertising campaign permit:

Number of required parking spaces: Duration - From: To:

E. Usage of pavements and open/external spaces permit:

Shop interior area with dimensions (in square meter): Requested pavement area:
Shop rental value:

F. NOC - Removal/Installation of PDMs and other parking signage:

Closest parking meter number: Number of signages to be removed:
Number of parking meters to be removed:

I certify that all information on this application and the submitted documents is correct and accurate.
I understand that any misrepresentation may result in the non-acceptance of the application, and legal actions may be taken against me.
Date: Name: Signature: