



APPLICATION FOR A ONE YEAR VOLUNTARY/EMERGENCY/
MEDICAL SECTOR PARKING PERMIT
(VEMP01-001)

Please forward Applications & queries to the following address only:

Parking Section, Bray Municipal District, Civic Centre, Main Street, Bray, Co. Wicklow. Tel: 01-2744900

PLEASE ANSWER ALL QUESTIONS AND SEE CONDITIONS ON PAGE 2 OF THIS FORM

Company / Organisation Name (Block Capitals)	
Registered Charity Number (if applicable)	
Employee's name (Block Capitals)	
ompany/Organisation Telephone:	
Company/Organisation Address (Block Capitals)	
Vehicle Make:	
Vehicle Registration:	Engine Capacity (C.C.):
I DECLARE THAT THE PARTICULARS IN THIS A	APPLICATION ARE TRUE.
Company/Organisation Authorised Signature:	: Date:
The fee for a Voluntary/Emergency Response application, is €25.00 per annum. Permits ar	e Parking Permit, which must accompany this re limited to two per organisation.
The fee for a Medical Professional/HSE staff application, is €500.00 per annum.	Parking Permit, which must accompany this
The fee for Replacement Permit/Alterations/	/Change of Vehicle etc is €50.00.
Cheques/Postal Orders etc., should be made	payable to Wicklow County Council. Please DO

NOT forward cash by post.

Please debit my Card with the amount indicated
riease debit my card with the amount indicated
Master Card Visa Credit Visa Debit
Card A/c No.
Cardholder Expiry Date
Phone Number
PLEASE NOTE THE FOLLOWING: INCOMPLETE APPLICATIONS WILL BE RETURNED
THE RENEWAL OF A PERMIT IS THE RESPONSIBILITY OF THE COMPANY/ORGANISATION. A PERMIT IS ONLY VALID FOR THE VEHICLE AND THE PERMIT PARKING AREA INDICATED ON THE PERMIT. ALL DAY PARKING IS PERMITTED WHEN DISPLAYING A VALID PERMIT FOR THE SPECIFIED AREA.
IF YOU DISPOSE OF YOUR VEHICLE, YOUR PERMIT IS NO LONGER VALID AND MUST BE RETURNED TO THIS OFFICE IMMEDIATED
REPLACEMENT PERMITS WILL BE ISSUED AT A COST OF €50 IN THE EVENT THAT THE PERMIT IS LOST/STOLEN OR TRANSFERRE TO ANOTHER VEHICLE.
IMPORTANT CHECK LIST
ENCLOSE YOUR PROOF OF COMPANY / ORGANISATION OPERATION AND EMPLOYMENT / MEMBERSHIP OF SAME, COPY OF INSURANCE CERTIFICATE FOR THE VEHICLE, DRIVING LICENCE AND FEE.
WITH THIS APPLICATION YOU MUST;
 Supply to this office <u>current</u> documentary evidence of operation of company/organisation to support your application.
2. Supply a photocopy of the current insurance certificate for the vehicle indicating your name, Company address and car registration. If the car is registered in the name of a company you must supply a copy of the current insurance certificate for the vehicle <u>AND</u> a letter from the company stating that you are employed by them, your address, the car registration and that you have habitual use of the vehicle, <u>AND</u>
3. Supply a photocopy of current driving licence, <u>AND</u>
4. Supply any other information requested by Wicklow County Council.
Office Use Only:
Company Documents supplied:

Payment details: Permit number:

VEMP01-001