



Healthcare Permit Application Form



New Application / Renewal* (please circle)

By applying for a permit, you are confirming that you have read the full terms and conditions on our website and that you agree with them fully. For full information on how to obtain a healthcare permit please see our website.

PART A – APPLICANTS DETAILS		
Applicants Name:		
Company Name:		
Managers Name:		
Work Address:		
Post Code:		
Work Phone Number:		
Email:		
PART B – VEHICLE DETAILS		
MAIN VEHICLE		
If you are applying for more than one permit please write the details on a separate piece of paper. Please make sure you include the names of each person who will have a permit.		
Vehicle Registration Number	Make	Model
POOL PERMIT		
A pool permit will only be issued in certain circumstance. Please send in a separate letter explaining the need. If you would like a pool permit please make it known here YES/NO		
PART C – STATEMENT OF NEED		
Job Title	Description of Duties	Hours/Days Worked
Managers Signature –		Date -
<u>PAYMENT METHOD</u>		<u>FOR OFFICAL USE ONLY</u>
I would like to pay by:		Payment <input type="checkbox"/>
Card <input type="checkbox"/>	My daytime contact number	Vehicle <input type="checkbox"/>
Cheque <input type="checkbox"/> (cheques made payable to <i>Mid Sussex District Council</i>)		Permit Number.....