

Electric Mobility Vehicles Permission Request Form

What to do if you own or plan to get a mobility vehicle?

If you wish to store and charge a mobility vehicle in any of our properties you will need to fill in a **Permission Request Form**. Before we can consider giving you permission we will need to carry out a risk assessment.

Consideration will be given to whether safe storage and charging of a mobility vehicle can be provided in your property or to give us the opportunity of exploring options available within the community. You will be provided with either permission or reasons for refusal.

Name:

Address:

Model of Mobility Vehicle:

TYPE - Class 1 (Wheelchair) ☐ **Class 2** (Pavements - Max Speed 4mph) ☐ **OR**
Class 3 (Roads - Max Speed 8mph) ☐

Size/Width of Mobility Vehicle:

Do you go through internal communal areas to get to your property: **YES** ☐ **NO** ☐

Will you need to use the lift to get to your property **YES** ☐ **NO** ☐

Where you intend to store your Mobility Vehicle:

Where you intend to charge your Mobility Vehicle (**cannot be in the hallway of your property OR communal areas**):

DVLA Registration Required: **YES** ☐ **NO** ☐

V62 ☐ (vehicle registration certificate) **V55/5** ☐ (new) **V55/5** ☐ (used)

Please tick to show you have read, agree and understand the following:-

- ☐ Terms and conditions set out by PRHA and would like to request permission for a mobility vehicle at my property.
- ☐ Storage and charging is for my own sole use and not for that of other residents or visitors.
- ☐ All equipment must be annual PAT tested

	HEALTH & SAFETY Providence Row Housing Association	Electric Mobility Vehicles Permission Request Form VERSION:1
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☐ I will keep my Mobility Vehicle in good working condition

☐ No flammable materials to be store near the vehicle

☐ Mobility Vehicles are not to be charged or stored in communal areas and can **ONLY** be used with communal areas to enter and exit my own property within the building.

☐ Inform my Housing Officer/Keyworker or any changes to my equipment or circumstances.

☐ Give access to PRHA staff to complete a risk assessment and to check compliance.

☐ **Not** to cause deliberate damage to the property or injury to other residents or staff within the scheme.

☐ Agree to cover the costs of repair to all damages to the property caused by my mobility vehicle.

☐ I will **not charge** my mobility vehicle overnight and will not use extension cables or communal power sockets.

☐ I understand if I do not comply with the conditions permission may be withdrawn.

Name.....Signed.....

Date.....

Effective Date: 19 th February 2024	Review Date: 10 th March 2026
Approved by PRHA SLT 2 nd April 2026	File No: HS35b