

Application form for the provision of an advisory disabled persons parking bay

The provision of a Disabled Parking Bay will only be considered where the following conditions apply:

- The applicant must be in possession of a current disabled persons blue badge.
- The vehicle should be registered at the applicant's address where the bay is to be marked.
- It is not possible to park the car off the road, adjacent to the house and there is no scope for such provision.
- The installation of the advisory parking bay will not compromise the general requirements of safe and efficient traffic management in the locality.

Title	First Name	Surname	Date of Birth
Address			
Contact Telephone: Landline		Contact Telephone: Mobile	
Email Address			

Delete as appropriate

Do you have a current Disabled Persons Blue Badge?

YES NO

If **YES** please provide

Serial Number	
Date of Issue	
Date of Expiry	

Do you have off-road parking? e.g. garage, driveway

YES NO

Would it be possible to construct a driveway/hard standing

YES NO

Please provide reasons for your parking difficulty

Please supply a photocopy of the Vehicle Registration Document (V5) Failure to do so will delay the process of the application

Please note that the decision to provide, or not to provide such a parking bay rests with the Roads Authority. It may not be possible to create such a facility in certain locations due to the existing road layout, disruption to existing traffic flows or other road safety issues. The disabled bay can be used by any member of the public displaying a current blue badge.

I declare that to the best of my belief, all the statements I have made on this form are true and I agree to Infrastructure contacting other agencies where necessary for the purpose of obtaining information to support my application.

Signed _____

Date _____

Please return this form to: -

Or e-mail to: -

Roads Manager
Ayrshire Roads Alliance
Burns House
Burns Statue Square
Ayr
KA7 1UT

ARA.traffic@ayrshireroadsalliance.org

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Roads Authority	Provision/Refusal	Signed _____
Social Work	Provision/Refusal	Signed _____