



DISABLED PERSONS' PARKING PLACE Application Form

Please read the qualifying criteria, terms and conditions before completing this application

Part 1: The applicant must be a blue badge holder to apply. Applicant's details:

Name:

Address:

Telephone: Mobile:

Blue Badge Serial Number: 0

Date issued: Expiry:

Part 2: If the applicant is not the driver of the vehicle please explain why the applicant requires a Disabled Parking Place.

Part 3: Please describe the parking difficulties the applicant is experiencing. (Consider any distances walked, times of day and causes of these problems).

Personal medical details are not required

I have enclosed a copy of my Vehicle Registration Certificate (V5C) YES

Declaration

I understand the decision to provide, or not to provide, a disabled parking place rests with the Head of Roads & Transportation and even if I qualify it may not be possible to identify a disabled parking place because of traffic disruption or road safety concerns. I understand that anyone displaying a valid blue badge may park in any disabled space including the one I am applying for; it will not be for my sole use.

Sign here: Date: