



Application Form

PART A

You must complete all of Part A

<p>Full name of applicant</p> <input style="width: 95%;" type="text"/>	<p>Date of Birth</p> <input style="width: 95%;" type="text"/>	<p>Mr/Mrs/Miss/Ms</p>
<p>Address:</p> <div style="border: 1px solid black; height: 40px; width: 95%;"></div>	<p>National insurance number</p> <input style="width: 95%;" type="text"/>	<p>Telephone number</p> <input style="width: 95%;" type="text"/>
<p>Postcode:</p> <input style="width: 95%;" type="text"/>	<p>RENEWAL/NEW APPLICATION* <small>*Please delete as applicable</small></p>	
<p>Renewals Only Previous Badge No: _____ Expiry Date: _____</p>		

PART B

You must complete Part B

Please as appropriate

1 Are you registered as blind under the National Assistance Act 1948?
 Yes No
 If YES, please give the name of the local authority with which you are registered and go to Part F.

2 Do you receive Mobility Allowance or the higher rate of the mobility component of the Disability Living Allowance?
 Yes No
 If YES, please go to Part F. **(ALL APPLICANTS PLEASE ENCLOSE EVIDENCE E.G. LETTER FROM DWP)**

3 Was your vehicle supplied by the Department of Health and Social Security, the Scottish Home and Health Department, or the Welsh Office?
 Yes No
 If YES, please give details:

 If YES, please go to Part F.

4 Do you receive a Government grant toward your own vehicle?
 Yes No
 If YES, please give details and go to Part F.

5 Do you receive War Pensioners' Mobility Supplement?
 Yes No Allowance Number:
 If YES, please supply evidence (e.g. an official letter confirming an award of War Pensioners' Mobility Supplement).
 If YES, please go to Part F .

If you have answered YES to any of the questions in Part B, please go to Part F.
If you have answered NO to all of the questions in Part B, you may qualify for a badge under Part C or Part D.

Important Notes - please read before completing Parts C or D

- If you have answered NO to all the questions in Part B you will qualify for a badge only if you cannot walk or can walk with severe difficulty or if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.
- The intention of the Scheme is that only very severely disabled people will qualify under these conditions.
- It is essential that each application under Part C or Part D is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.
- Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who cannot turn by the hand the steering wheel of a vehicle.
- People with temporary disabilities, such as a broken leg, will not qualify for a badge.
- If this is an application for renewal of a blue badge then we require return of the old badge. Should the badge no longer be required by the holder then it should be handed in to the office, photographs may be detached from the badge by office staff and returned if so requested.

If after reading these notes you think you may qualify for a badge, please read Part C and Part D.

PART C

Complete this part only if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.

1 What is the nature of your disability?

2 Do you drive a specially adapted car?

Yes No

If YES, please state type of adaptation.

PART D

Complete this part only if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

1 What is the nature of your disability. Please give as much information as you are able.

2 What is the maximum distance you can walk without stopping, severe discomfort, or help from another person.

Metres / Yards /

--

3 Do you regularly use a walking aid or a wheelchair?

Yes No

If YES, please state type of aid

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Now go to Part E.

PART E

1 What is the name and address of your G.P.?

Name:

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Address:

Postcode:

--

Telephone no.

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PTO.....

Complete Section F overleaf

Return address --- Parking Office
Gloucester House
72 Church Road
Stockton-on-Tees
TS18 1TW

PART F

This part must be completed in all cases

Applications should normally be accompanied by 2 recent passport type photographs of the applicant. Both photographs should be signed on the back by the applicant. Your photographs will be returned if your application is unsuccessful. You may send photographs taken from self-service booths or any suitable photograph cut down to an appropriate size.

- I attach 2 passport type photographs and payment of £2 (non-refundable) administration charge, (cheque/PO, payable to Stockton Borough Council).
- I attach evidence as required by part B.

Expired badge to be returned (if renewing)

I declare that to the best of my belief all statements I have made on this form are true and I agree to the local authority contacting my G.P. if necessary for the purpose of obtaining information to support my application.

I agree to Stockton Borough Council making checks with appropriate agencies (e.g. DWP) about information given on this application form.

Signed:

Please sign in the label below which will be attached to your Car Badge.

Name:

Date:

Disclaimer

We will use the information you give in this form and any supporting evidence you send us to process your Blue Badge application. The information will be held securely on a database or within a file and will be treated in the strictest confidence and will not be disclosed to any third parties unless by law or as directed by you in your application.

Stockton-on-Tees Borough Council is the data controller for the purposes of Data Protection Act 1998.

Please note that you are entitled to obtain details of the data, the purposes for which it is held and a description of those to whom it may be disclosed by telephoning 01642 526750 or visiting our web site on www.stockton.gov.uk under Data Protection.

This section is for SBC use only

Authorised by:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name

Signed

Date

Approved

Not Approved

Doctor's Letter

Doctors Letter:

Date sent:

Reply received date:

Badge No:

Issued:

Expires:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>