

APPLICATION FOR ADVISORY DISABLED PERSONS PARKING BAY



Details of Blue Badge Holder (Block Capitals)

Surname Dr/Mr/Mrs/Miss/Ms

Forenames.....

Address.....

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..... Post Code

Telephone (Home)..... Telephone (Mobile)

E-mail address

Badge No.....Date of Expiry

Issuing Council

Before your application can be processed, your Blue Badge Details will need to be verified. Your application will be dealt to you by the Blue Badge Section? YES/NO

Do you give permission for us to contact the Blue Badge Section to verify your details? YES/NO

Do the above premises have off-street parking facilities? YES/NO (e.g. garage or driveway)

Where is the vehicle normally kept when not in use?

Briefly indicate why you require an Advisory Disabled Persons Parking Bay

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Evidence is required that your household owns a vehicle. Please attach a copy of your vehicle insurance certificate and schedule. The schedule should show the above address.

Do not send original documents as they cannot be returned to you.

Who is the regular driver of the vehicle?

Name

Address

If different from the applicant:

a) How often does the Blue Badge Holder use the vehicle?

b) Why is it essential that the vehicle is parked immediately outside of the house?.....

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DECLARATION

The above information is correct and I understand that if this application is approved, the parking bay is only advisory and no formal enforcement can be offered. Also, although the bay would be clearly intended for one individual it may be used by other disabled drivers. I will arrange for the South Gloucestershire Council to be informed should the bay be no longer required.*

Signature Date

Please return the completed application form to:
South Gloucestershire Council, Department for Environment and Community Services, Traffic Management, (Assess & Decide), PO Box 1954, Bristol BS35 0DD

* To assist us in this, any changes notified to the Council's Blue Badge Section will be passed to the Council's Traffic Management team.