

## APPLICATION FOR ADVISORY DISABLED PERSONS PARKING BAY

- ❖ Please read the [Advisory Disabled Parking Bay Policy](#) for eligibility before filling out the below form.

### DETAILS OF BLUE BADGE HOLDER (PLEASE FILL OUT IN BLOCK CAPITALS)

Dr/Mr/Mrs/Miss/Ms	
Surname	
Forenames	
Address	
Postcode	
Telephone (Home)	
Mobile number	
E-mail address	

### BLUE BADGE DETAILS

Badge No.	
Date of Expiry	
Issuing Council	

- ❖ Before your application can be processed, your Blue Badge Details will need to be verified.

Have you enclosed a copy of the letter sent 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
Does the premises have off-street parking facilities? E.g. garage or driveway	YES/NO

Where is the vehicle normally kept when not in use?
Briefly indicate why you require an Advisory Disabled Persons Parking Bay?

### EVIDENCE OF HOUSEHOLD VEHICLE

- ❖ Evidence is required that your household owns a vehicle, and the vehicle is registered to the same address as the blue badge holders address for a bay to be approved.

Who is the regular driver of the vehicle	
Name of driver	
Address	
Postcode	
How often does the Blue Badge Holder use the vehicle?	
Why is it essential that the vehicle is parked immediately outside of the house?	

### CHECKLIST

Please enclose (via post) or attach (via email) a copy of your:

	Please tick
Vehicle insurance certificate (the address must be the same as the blue badge holders address)	<input type="checkbox"/>
Vehicle schedule (the address must be the same as the blue badge holders address)	<input type="checkbox"/>

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

## **DECLARATION**

The information on the form provided is correct.

I understand that if this application is approved, the bay is advisory only, it is not an offence for other motorists to park within the bay, and no formal enforcement can be carried out if non blue badge vehicles park within the bay.

Additionally, although the bay would be intended for one individual it may also be used by other disabled drivers.

I will inform South Gloucestershire Council should the bay be no longer required.

**Signature:**

**Date:**

Please return the completed application form and **[copies / attachments of insurance documents indicated on the checklist](#)** either by:

Email to:

[transport.services@southglos.gov.uk](mailto:transport.services@southglos.gov.uk) – FAO Place Engineering / Assess & Decide team

Post:

South Gloucestershire Council,  
Department for Place,  
Place Engineering (Assess & Decide),  
PO Box 1954,  
Bristol  
BS37 0DD