

**BLUE BADGE SCHEME – APPLICATION FORM FOR PEOPLE WITH A SEVERE
DISABILITY IN BOTH ARMS**

Please refer to the attached guidance notes (particularly Section C on the use of the badge), use block capitals and fill in all parts of the form that apply to you. Mark boxes with an 'x' as appropriate.

SECTION A

Who is the blue badge for?

Surname:

Title: (Mr, Mrs, Miss, Ms)

Forename(s):

Date of birth: (DD/MM/YEAR)

Gender: Male Female

Letters

Numbers

Letter

National Insurance number:

(National Insurance numbers start with two letters, followed by six numbers, then another letter)

Address:

Postcode:

Tel:

Email:

Previous address, if different in the last three years:

Postcode:

Applying on behalf of someone else

Are you completing this form on behalf of someone else? YES NO

If yes, please tell us who you are and your relationship to the applicant:

Name:

Address:

Postcode:

Tel:

Relationship to applicant:

Reapplications only:

Badge Number: Expiry date of current badge:

Confirmation of Address

Please supply a copy of one of the following as proof that you live in the county/borough:

Utility bill **Rent book** **Council Tax bill** **Other** (please specify)

Whichever one you provide, it must contain a date within the last three months.

Confirmation of Identity

Please attach a photocopy of two of the following as proof of your identity:

Birth certificate/adoption certificate **Passport**
Valid driving licence **Other** (please specify)

If photocopying a passport, please copy the page with the passport number and photograph.

Photographs

Please enclose two recent passport-style photographs of the applicant.

Please ensure that you print the applicant's name on the back of each photograph and, if you are able to, either sign the back (if you are the applicant) or sign on behalf of the person you are completing the form for.

Fee (where applicable)

Please enclose a cheque/postal order for £2 made payable to Nottinghamshire County Council.

SECTION B

B1(a) All of the following must apply to you. You must:

- Drive regularly Yes No
- Have a severe disability in both arms; and Yes No
- Be unable to operate or have considerable difficulty operating all or some types of parking meter Yes No

Please describe your medical condition:

B1(b) If you drive an adapted car, please give details of adaptation:

B1(c) Please explain the difficulties you have operating parking meters and pay and display machines:

SECTION C

Vehicle registration (to be answered by all applicants)

Vehicle Registration Number for principal car in which badge will be used:

(One number should be nominated but you can drive other vehicles and the badge transferred when necessary)

SECTION D

Please use this space to tell us anything else you think we should know about your claim that is not covered above

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by the local authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions or vehicle licensing, those responsible for discounts for congestion charging or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies, to validate proof of entitlement.

Signed:

Date:
(DD/MM/YEAR)

Name:

FOR OFFICE USE ONLY:

Bank paying in slip:

Budget code:

Cheque / postal order no:

Date:

**Please sign in the white box. The box will be cut out and fixed to your badge.
THE BADGE CANNOT BE ISSUED IF THIS BOX IS NOT SIGNED.**

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BLUE BADGE SCHEME - NOTES FOR USE BY APPLICANTS (Please detach this guidance before returning the completed form)

Please use these notes to guide you when completing form BB1c.

Section A: Personal Details

This asks for your personal details including name, date of birth, national insurance number, address, telephone number and email address (where applicable) and as many fields as possible should be filled in.

This will ask you to provide proof of identity and address.

There is a subsection for those seeking to renew previously issued badges. The expiry date should be within 2 months and two badges will not be valid for one applicant at the same time.

Section B - Eligibility

Section B1: You should be the driver of the car, and satisfy all three conditions in order to obtain a badge i.e. drive regularly; have a severe disability in both arms and are unable, or find it hard, to use parking meters. Local authorities may make arrangements to meet applicants.

Section C – Vehicle registration

In this section you should state the registration number of the main vehicle in which the badge will be used; although the badge can be used in any vehicle that you are driving.

Please note that you should not use your badge when you are travelling in a vehicle as a passenger.

Section D - For further information

This section should be used to add any further relevant information that has not already been covered elsewhere.

Declaration

All applicants must sign and date the form.

Checklist

Photographs: These are necessary in order to ensure correct use of the scheme. Photographs do not have to be taken in a photo-booth, but they must be of roughly the same dimensions, showing the applicant's face clearly.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

Signature in the white box: We ask that you sign in the white box provided at the end of the form. The badge cannot be provided if this box is not signed.

Returning the form

Wherever you live in the county, please send your completed form back to:

Nottinghamshire County Council
Customer Service Centre
PO Box 9320
Nottingham, NG15 5BL

Telephone **08449 80 80 80** for all queries about the progress of your application.
Opening times: Mon-Fri 08.00-20.00 / Sat 08.00-12.00

Application forms can also be returned to any of the Customer Service Points (formerly County Contact Points) around the County.

You should allow up to 8 weeks for your application to be processed.

For your own records, please use this space to record information about your application. This information will be helpful should you need to contact us with regard to your query.

Date form returned:

Address to which form sent:

Other notes: