

**E-mail:** [blue.badge@iow.gov.uk](mailto:blue.badge@iow.gov.uk)  
**Tel:** 01983 823340  
**Address:** Blue Badges, PO Box 237  
NEWPORT, PO30 9FN



For Office Use – New / Renewal / Clinic Life / Clinic Re-Refer / WC / Blind / WP / AFRF / DLA / PIP

## Blue Badge Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. We may need to ask you for additional evidence to confirm your address and identity.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Please ensure that any documents sent in with your application are a photocopy.

**All individual applicants must complete Section 1 AND Section 7. In addition, you must also complete ONE of the following –**

**Section 2a** – if you are Registered Blind

**Section 2b** – if you receive High Rate Mobility Component of Disability Living Allowance

**Section 2c** – If you receive Mobility Component of Personal Independence Payment, based on 8 or more points for the ‘moving around descriptor’

**Section 2d** – if you receive War Pensioner’s Mobility Supplement

**Section 2e** – if you have received a particular award under Armed Forces & Reserve Forces Compensation Scheme & certified as having a permanent and substantial disability

**Section 3** – if none of the above apply to you and you are over 2 years old and have a permanent and substantial walking disability, or if you have an NHS Wheelchair, or if you are applying under Special Rules

**Section 4** – if you are a driver with severe disability in both arms with specific needs

**Section 5** – if you are a disabled child under 3 years with specific needs

### Section 1 – Information about the applicant – PLEASE USE BLACK INK

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

If you are applying on behalf of an organisation that cares for and transports disabled people then please do not complete this form. Please telephone 01983 823340 for an Organisational Blue Badge application form.

**Do you currently hold a Blue Badge** Yes:  No:

**Current Badge number :**

**Expiry date**

**Local Authority who issued the Blue Badge**

**Title** (Mr, Mrs, Miss, Ms, other):

**First names** (in full):

**Surname:**

**Gender:** Male  Female

**Date of Birth** (DD/MM/YYYY):   /   /

**National Insurance Number /  
Child Registration Number:**

<b>Name at birth</b>		
<b>Place of birth</b>	<b>Town</b>	<b>Country</b>
<b>Driving Licence Number:</b> (If you hold a driving licence)	<input style="width: 100%; height: 20px;" type="text"/>	
<b>Current address and contact details:</b>		
Flat / House Name / Number	_____	
Name of Road	_____	
Town	_____	
County	_____	
Postcode:	_____	
Home Tel:	_____	
Mobile Tel:	_____	
Email:	_____	
<b>Previous address, including post code, if different in the last three years:</b>		
<b>Proof of your address, dated within the last 12 months:</b>		
You are required to provide proof that you are a resident in this local authority area before we can process your application. Please select <b>one</b> of the following options and / or provide original documentation:		
<b>Either:</b>	<input type="checkbox"/>	I give consent to the local authority to check my address on the Electoral Register. (To include applicants registered to vote on the Isle of Wight, applicants over the age of 16 years, and applicants who do not pay Council Tax).
<b>Or:</b>	<input type="checkbox"/>	I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address. <b>Please give your Council Tax Reference Number :</b>
<b>Or:</b>	<input type="checkbox"/>	I enclose a Council Tax bill bearing my name and address, dated within the last 12 months.
<b>Or:</b>	<input type="checkbox"/>	I am applying on behalf of an applicant who does not pay Council Tax & is under the age of 16. I give my consent to the local authority to check school records to confirm their address.

**Proof of your identity:**

You are required to provide evidence of your identity. You must attach a **photocopy of one** of the following as proof of your identity. This must show your current name. We need to check your identity to reduce the potential for fraudulent applications for a blue badge.

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate / Adoption Certificate    | <input type="checkbox"/> Valid Photo Style Driving Licence |
| <input type="checkbox"/> Marriage Certificate / Divorce Certificate  | <input type="checkbox"/> Valid passport                    |
| <input type="checkbox"/> Civil Partnership / Dissolution Certificate |  |

**Please ensure that any documents sent in with your application are a photocopy. If you provide originals, please enclose a stamped addressed envelope for the return of your original/s document.**

**Photographs:**

Please enclose **one** recent passport standard photograph of the applicant. The photograph needs to be in **colour** and show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and that you complete Section 7(b) of this form to confirm that the photograph is a true likeness.

**Badge issue fee - £10.00 Please do not send payment with your application. If your application is successful we will contact you for a card payment.**

**Cash and cheque payments are not accepted.**

**Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:**

Up to three registration numbers should be nominated.

This helps Local Authorities with the enforcement of the Blue Badge scheme

**but** please remember that other vehicles can be used.


**Section 2 – Questions for ‘without further assessment’ applicants**

These questions are intended for people who are more than two years old, who may qualify for a Blue Badge automatically because they:

- **are severely sight impaired (blind);**
- **receive the Higher Rate Mobility Component of Disability Living Allowance. (NB – Attendance Allowance does not qualify)**
- **receive Mobility Component Rate of Personal Independence Payment based on receiving 8 points or more for the ‘moving around’ descriptor**
- **receive the War Pensioner’s Mobility Supplement; or**
- **receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.**

## 2a) People who are severely sight impaired (blind)

**Please complete this section if you are severely sight impaired. (Blind)**

In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered as severely sight impaired (blind).

**Are you registered as blind** (severely sight impaired)?

Yes:  No:

**If YES, which local authority you are registered with:**

**If YES, do you give consent to us to check the local authority's register of blind people to see whether your disability is already known to the council?**

Yes:  No:

**If NO, then please indicate whether you have enclosed a copy of your voluntary registration Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind.**

Yes:  No:

## 2b) People who receive the Higher Rate Mobility Component of Disability Living Allowance. Please Note - Attendance Allowance does not qualify.

Please complete this section if you receive higher Rate Mobility Component of Disability Living Allowance. An applicant receiving HRMCDLA will have had an award notice letter from the Pension, Disability and Carers Service (PDCS).

**Do you receive the Higher Rate Mobility Component of Disability Living Allowance?**

Yes:  No:

**If YES, have you been awarded this benefit indefinitely?**

Yes:  No:

**If NO, when is your award of this benefit due to end?**

(DD/MM/YYYY):   /   /

**If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance you must enclose a COPY of the original letter of entitlement to this benefit, issued within the last twelve months or your annual uprating letter.**

**If you have lost your current award letter then please contact the Pension, Disability and Carers service (PDCS) for a current award letter by telephoning 0800 121 4600 to ask for a copy of your current award letter. This helpline is open from 8.00 am to 6.00 pm Monday to Friday and further details for PDCS can be found online at**

**[www.gov.uk/dla-disability-living-allowance-benefit](http://www.gov.uk/dla-disability-living-allowance-benefit)**

## 2c) People who receive the Mobility Component of Personal Independence Payment (PIP) based on receiving 8 or more points on the 'Moving Around' descriptor

Please complete this section if your 'Moving Around' descriptor for the Mobility Component of Personal Independence payment meets any of the following statements? (Please see the PIP notice for details) Please tick the statement that is shown on the PIP notice that you received.

- You can stand and then move unaided more than 20 metres but no more than 50 metres (8 points)
- You stand and then move using an aid or appliance more than 20 metres but no more than 50 metres (10 points)
- You can stand and then move more than 1 metre but no more than 20 metre (12 points)
- You cannot stand or move more than 1 metre (12 points)

If you did not tick any statement above, please tick the 'NO' box.

No:  If you have ticked No, then you should consider completing section 3

If you have ticked a statement above (8,10 or 12 points); have you been awarded this benefit for an ongoing period?

Yes:

No:  If NO, when is your award of this benefit due to end?

(DD/MM/YYYY):   /   /

If you have ticked one of the above statements (8,10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose a COPY of all pages of your original letter of entitlement to this benefit issued within the last twelve months.

If you have lost your current award letter then please contact the Pension, Disability and Carers service (PDCS) for a current award letter by telephoning 0800 121 4433 to ask for a copy of your current statement of entitlement. This helpline is open from 8.00 am to 6.00 pm Monday to Friday and further details for PDCS can be found online at [www.gov.uk/pip](http://www.gov.uk/pip)

## 2d) People who receive the War Pensioner's Mobility Supplement

Please complete this section if you receive the War Pensioner's Mobility Supplement?

Yes:  No:

If YES, have you been awarded this benefit indefinitely?

Yes:  No:

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY):   /   /

**If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a COPY of your original letter of entitlement to this benefit.** You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

## **2e) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme**

**Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?**

Yes:  No:

**If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose a COPY of the original letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.**

## **Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties. (Discretionary Criteria).**

These questions are intended for people who have answered NO to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and **have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.**

Medical conditions such as asthma, autism, psychological / behavioural problems, Crohn's disease / incontinent problems and Myalgic Encephalomyelitis (ME), are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition. Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk without assistance or severe discomfort.

It can be difficult to accurately work out the distance you can walk. There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres.
- A size 9 shoe is about a third of a metre.
- The average double-decker bus is about 11 metres long.
- A full-size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance.
- About your walking speed.
- The way that you walk, for example, shuffling or small steps etc.

You may have had a mobility assessment in the last 12 months which covered your walking ability and you can give details of this in section 7a (any further information).

**If you are applying under Section 3, you are likely to be asked to attend the IW NHS Trust Mobility Clinic for a specialist assessment by a Physiotherapist / Occupational Therapist, to determine whether you meet the eligibility criteria. Please note it can take up to 6-8 weeks for an appointment.**

Please supply as much detail regarding the walking difficulties that any of your medical conditions cause. Please use a separate sheet if needed.

**Please describe:**

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with

**Please describe:**

- Any surgery, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

**Surgeries / courses of treatment / specialist clinics:**

**Dates you received this treatment:**

**What medication do you currently take in relation to the conditions / disabilities you described above? Please supply a copy of the prescription for the medications that you list below.**

**Medication**

**Dosage**

**Frequency**

**Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?**

Yes:  No:

If Yes, please explain what you are taking and how frequently you need it:

**Are you currently...**

(Please tick whichever statements apply to you and provide further details in the space below)

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?
- None of the above

**Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above...**

Name	Job title	Hospital / Health Centre	Telephone number

**Do you anticipate that your conditions / disabilities will improve in the next 3 years?** (Tick as appropriate)

Yes:  No:

**If you ticked YES, please describe how much you expect your conditions / disabilities to improve...**



**How do the conditions/ disabilities you described above affect your ability to walk?**

**Please tick whichever of the following statements describe your general walking ability:**

(Please tick whichever options apply to you - you can tick more than one box)

- I am able to walk well, including recreational walks
- I am able to walk around the supermarket to do my own shopping
- I am able to walk and can use public transport for some of my local trips
- I am able to walk, but struggle with longer distances or hills
- I am able to walk, but get breathless if I walk for more than a few minutes
- I am able to walk, but find it too painful to walk for more than a few minutes
- I am able to walk but use a wheelchair for longer trips outside the home
- I am able to walk around my home, but am unable to climb the stairs
- I am unable to walk at all
- Other (please describe below)

**Are you able to walk outside without help?**

Yes:  No:  (please describe the help you need in the space below...)

**Where, in your local area, can you comfortably walk to from your home?**

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)

**Please tick the box that best describes the way you walk:**

- Normal - no specific problems with walking
- Adequate - for example, you walk with a slight limp
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
- Other

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

**Do you use any of the following walking aids?**

(Please tick whichever options apply to you - you can tick more than one box)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 elbow crutch                             | <input type="checkbox"/> 2 elbow crutches   |
| <input type="checkbox"/> 1 walking stick                            | <input type="checkbox"/> 2 walking sticks   |
| <input type="checkbox"/> Walking frame (Zimmer frame)               | <input type="checkbox"/> Rollator           |
| <input type="checkbox"/> Wheelchair                                 | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Other (please describe in the space below) |   |

**Were your walking aids...**

(Please tick whichever options apply to you)

- Purchased privately by me
- Prescribed by a healthcare professional
- Provided by Social Services
- Other (please describe below)

**How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?**

(Please state the distance in metres or yards using whichever measure is best for you.)

: metres  : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

**Roughly how much time would you estimate it takes you to walk this distance?**

: minutes

**Are you able to continue walking after a short rest?**

Yes:  No:

**If you can continue, roughly how long (in minutes) are you able to walk for in total?**

: minutes

**Please answer 'Yes' or 'No' to each of the following questions** by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes:  No:

Do you get short of breath walking with other people of your own age on level ground?

Yes:  No:

Do you have to stop for breath when walking at your own pace on level ground?

Yes:  No:

Do you get too breathless to leave your home, or after dressing?

Yes:  No:

**Section 4 – Questions for 'subject to further assessment' applicants with a disability in both arms. (Discretionary Criteria)**

These questions are intended for people who have answered NO to all of the questions in Section 2. This section is for applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, have a severe disability in both arms and that you are unable to operate, or have considerable difficulty in operating, all or some types of on-street parking equipment. You are likely to be asked to attend the IW NHS Trust Mobility Clinic for a specialist assessment by a Physiotherapist / Occupational Therapist if applying under Section 4, please note it can take up to 6-8 weeks for an appointment.

**Do you drive regularly?**

Yes:  No:

**Do you have a severe disability in both arms?**

Yes:  No:

**Please describe your medical condition / disability:**

**Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?**

Yes:  No:

**If yes, please describe the difficulties you have with operating parking meters and pay and display machines.**

**Do you drive a specially adapted vehicle?**

Yes:  No:

**If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation.**

## **Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three. (Discretionary Criteria).**

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- **They have a condition requiring the transportation of bulky medical equipment at all times; or**
- **They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.**
- **Once a child reaches 3 years of age, an application can be made to HRMCDLA for Disability Living Allowance.**

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;

- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that these list are not exhaustive, to allow for new advances in technology and treatment equipment.

**You are likely to be asked to attend the IW NHS Trust Mobility Clinic for a specialist assessment by a Physiotherapist / Occupational Therapist if applying under Section 5, please note it can take up to 6-8 weeks for an appointment. If the badge is granted, it will expire on the day following the child's 3<sup>rd</sup> birthday.**

**Once a child reaches three years of age, an application can be made to HMRCDLA for Disability Living Allowance.**

**Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?**

Yes:  No:

**If YES, please state what type of equipment is required:**

**Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition on the vehicle or be taken quickly in the vehicle to a place where they can be treated?**

Yes:  No:

**If YES, please describe the child's medical condition**

**If you have answered yes to either of the questions above please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact details below:**

## Section 6 – Organisational Blue Badges only

## Section 7 – Further information, declarations and signatures – All Applicants.

These questions are intended to be answered by all applicants for a Blue Badge

### 7a) Further information

#### Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

This section is for “subject to further assessment” applicants i.e. those who have completed sections 3, 4, or 5, who believe they have further evidence to support their application.

### 7b) Mandatory declarations about the information you have provided and the application process – All Applicants.

- The mandatory declarations underpin the terms of applying for a Blue Badge. Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read, understand and agree with each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine

#### Declarations to be completed by all applicants

- I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.
- I understand that I must not hold more than one valid Blue Badge at any time
- I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.
- I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.

The personal details provided by you will be held on a database and used for the purposes of your Blue Badge Application. The Isle of Wight Council is the data controller for the purposes of the Data Protection Act 1998. Please note that the information collected may be accessed by virtue of the Freedom of Information Act 2000 or by yourself under the Data Protection Act 1998.

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Further information on how the Council uses your personal information can be found on the Isle of Wight Council's website. The web address is [www.iwight.com/nfi](http://www.iwight.com/nfi)

## Declarations to be completed by all applicants

- I confirm that the photograph I have submitted with my application is a true likeness.
- I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge.

## Declarations to be completed by all 'subject to further assessment' individual applicants (i.e. people who have completed Sections 3, 4 or 5)

- I agree to the local authority contacting an accredited healthcare professional, if necessary, for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
- I 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.

## 7c) Optional declarations about the information you have provided and the application process.

You may wish to tick the following optional declarations in order to speed up your application and improve the service you receive. In doing so you will be providing specific consent to the Local Authority to allow us to share information about you with relevant departments and service providers within the authority.

- I consent to the local authority checking any information already held by the local authority on the basis that:
- It can help determine my eligibility for a Blue Badge
  - It may speed up the processing of my application
  - It may enable a decision to be made without the need for a mobility assessment.
- I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.
- Physical Disability Registration** – If your application for a Blue Badge is successful, the local authority will register your name on its records. Please tick the box to agree.

## 7d) Your signature against the declarations in section 7b and 7c

<b>Your signature:</b>	
<b>Date of application:</b>	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Please print your name here</b>	

Please see page 16 for checklist of documents to enclose.

## 7e) Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed because they are relevant to you. Please do not send original documents We have provided a checklist below to help remind you of what you need to enclose.

**Please check the postage cost and send the application to Blue Badges PO Box 237 NEWPORT PO30 9FN , with your copy proofs.**

**Blue Badge fee.** The fee for a Blue Badge is £10.00. Please do not send payment with your application. If your application is successful we will contact you for a card payment.

**Cash and cheque payments are not accepted.**

**Section 1 – Information about you – please tick boxes as necessary.**

Proof of your address, dated within the last 12 months  
(if you have not given consent for us to check Council Tax / Electoral Role / school records).

One passport standard photograph of yourself with your name on the back.

Proof of your identity – see Page 3 of application form

**Section 2a – People who are severely sight impaired**

A **photocopy** of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register).

**Section 2b – People who received the Higher Rate Mobility Component of Disability Living Allowance**

A **photocopy** of your original letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance, issued within the last 12 months or your annual uprating letter.

**Section 2c – People who receive the Mobility Component of Personal Independence Payment (PIP) based on 8 or more points for a ‘Moving Around’ descriptor**

A **photocopy** of all pages of your original Personal Independence Payment decision letter issued within the last twelve months

**Section 2d – People who receive the War Pensioner’s Mobility Supplement**

A **photocopy** of your original letter of entitlement for the War Pensioner’s Mobility Supplement.

**Section 2e – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme**

A **photocopy** of your original award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

**Section 3 - Questions for ‘subject to further assessment’ applicants with walking difficulties. (Discretionary Criteria)**

A copy of the prescription for the medications that you currently take in relation to the conditions / disabilities which affect your ability to walk.

**Section 5 – Children under the age of three**

A letter from a healthcare professional that has been involved in the child’s treatment, giving details of condition and type of medical equipment needed, or contact details of your healthcare professional.

**Please ensure that any documents sent in with your application are a photocopy. If you provide originals, please enclose a stamped addressed envelope for the return of your original/s document. Are any of the proofs you are sending original documents? Yes No**  
**If yes, please confirm the address you wish the documents to be returned to if different from the application address.**