

Application for a disabled person's parking badge for organisations that transport disabled people

Someone who is authorised to apply on behalf of your organisation must complete this form. Please complete a separate form for each vehicle that qualifies.

Part 1: Details of the organisation

1 Name of organisation

2 Address

3 Postcode

4 Telephone number

Part 2: Details of the person authorised to apply for a blue badge

5 Your surname

6 Your first name(s)

7 Your title

8 Position within the organisation

Part 3: Details of the vehicle

9 Vehicle registration number

10 Vehicle taxation class

11 Date the vehicle was acquired by your organisation

12 Is the vehicle adapted for wheelchairs?
(with a ramp or a ramp lift?)

13 How many passengers can the vehicle carry?
(This figure must include the driver)

14 How many times a week, on average,
is the vehicle used to transport disabled people?

Part 4: Details of your passengers

15 How many people does your organisation care for?

16 How many people who would qualify for a badge
in their own right are carried each week?

We are only able to issue a Blue Badge to an organisation if their clients would qualify for a Blue badge in their own right. Please answer the following questions as fully as possible to help us assess your eligibility for an organisational Blue Badge.

17 How many of your clients are in each of the following categories

• Receiving mobility allowance or the higher rate
of the mobility component of Disability Living Allowance

• Receiving a Personal Independence Payment (PIP) award
that indicates in the 'moving around' activity of the mobility
component that you cannot walk further than 50 metres?

• Receiving War Pensioners' Mobility Supplement

• Registered as blind under the National Assistance Act 1948

• Have a permanent and substantial disability that causes inability to
walk or very considerable difficulty in walking. Please provide a brief
description of these problems in the space below.

18 What kinds of disabilities do your clients have? (e.g. physical, learning or
mental disabilities)

19 How many of your clients use wheelchairs or walking aids?

Wheelchairs

Walking aids

20 Please briefly describe your organisation and give any additional information you wish us to consider?

If renewing/replacing your badge, please continue with part 5.

If you are applying for a new badge, please go to Part 6. (Over the page)

Part 5: Details for renewing or replacing a badge

21 Expiry date of current badge

22 I want to renew my badge

23 I want a replacement badge because my badge is lost/faded/has been stolen

Please give the police reference number

Please go to the next page for Part 6: Declaration and signature

Part 6: Declaration and signature

Data Protection Act 1998

The information I have given on this form is true and correct to the best of my knowledge. I understand that you may check any of the information I have given at any time.

I understand that the Blue Badge Unit will store this information on paper and on computer, and I agree that when necessary it can be shared with other organisations that work with Hampshire County Council. I also understand that the Blue Badge Unit will keep the information secure and confidential and that I can ask to see information held about my organisation at any time (in accordance with the Data Protection Act 1998).

If the vehicle is withdrawn from service, or my organisation no longer qualifies for a parking badge, I undertake to return the badge to the Blue Badge Unit at the address below.

Signed

Date

Name
(in capitals)

Please return your form to: Blue Badge Unit, Elizabeth II Court, The Castle, Winchester, Hampshire, SO23 8UJ

Have you enclosed a cheque or postal order for £10 made payable to Hampshire County Council?