



**CITY
OF
LONDON**

www.cityoflondon.gov.uk

Contact Centre

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City of London **Red Badge** Application Form

Section 1 Information about the applicant

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.

Please ensure you provide as much detail as possible to avoid delays.

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

First names (in full):

Surname:

Current address :

Previous Address, if different in the last three years:

Gender: Male Female

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

Town of Birth :

Country of Birth:

Telephone number :

Email :

Do you currently hold a Blue Badge, or have you held a Blue Badge before?

Yes: No:

If "Yes" , please confirm details below :

The local authority who issued you the last badge :

Serial number :

Expiry Date:

Proof of your address, dated within the last 12 months:

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide original documentation where relevant:

Either: I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.

Or: Utility Bill (Gas, Electric) – Dated in the last 3 months

Or : Bank Statement - Dated in the last 3 months

Proof of your identity:

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of your identity:

Birth certificate / adoption certificate Marriage / Divorce certificate Passport

Civil Partnership / Dissolution certificate Valid driving licence

Vehicle Details:

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

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(Up to three registration numbers should be nominated, but please remember that other vehicles can be used

Section 2 Questions for 'without further assessment applicants

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive the appropriate component of Personal Independence Payment;
- 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)

Are you registered as blind (severely sight impaired)?

Yes: No:

If **YES**, please provide a copy of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register). **OR**

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:

2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance

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

Yes: No:

If 'YES', Please enclose proof of original letter of entitlement to this benefit issued within the last twelve months or your original annual uprating letter.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Does your 'Moving Around' descriptor for the Mobility Component meet/match any of the following statements?

- You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)
- You can 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 metres. (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 'YES', please enclose an original letter of entitlement to this benefit issued within the last twelve months.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

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

Do you receive the War Pensioner's Mobility Supplement?

Yes: No:

If 'YES', please enclose proof (An official letter confirming an award of War pensioner's Mobility Supplement)

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 the original of this 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.

If you have answered "Yes" to any of the questions in Section 2 please go straight to Section 4

Section 3 Questions for 'subject to further assessment' applicants with walking difficulties

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.**

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 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	Hospital/Health Centre	Telephone number

Do you use any of the following walking aids?

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

- Elbow crutch.
 Walking stick
 Wheelchair.

Other (please describe in the space 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

: Yard

Section 4 Employment Details (Your Work place)

Company Name :

Company Address:

Job Title:

Number of Hours (Per week) :

Employment Type: Permanent Temporary

Note: Please enclose an official letter of employment from your company confirming your employment in the City of London.

Section 5 Declarations and signatures

Please read the following declarations thoroughly.

- Please tick all relevant boxes to indicate that you have read and understood 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.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be "sensitive personal data" and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

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 promptly inform my local authority of any changes that may affect my entitlement to a badge.
- I understand that I must not hold more than one valid Blue Badge at any time.
- I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application

5a) 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. We have provided a checklist below to help remind you of what you need to enclose.

Section 1 – Information about you

- Proof of your address, dated within the last 12 months.
- A certified copy of proof of your identity.

Section 2a – People who are severely sight impaired

- A copy 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 of the Mobility Component of Disability Living Allowance

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

Section 2c – People who meet a ‘Moving Around’ descriptor for the Mobility Component of Personal Independence Payment (PIP)

An original Personal Independence Payment decision letter issued within the last 12 months.

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

An 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

An 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 4 - People who are employed in an organisation based in the City of London (one square mile)

An original letter of employment from your current employer confirming your employment in the City of London (this should be on a company headed paper)

5d) Your signature against the declarations that you have ticked in section 7a and 7b

Your signature:	
Date of application:	(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"/>
Please print your name here:	

City of London Car Park Season Ticket

In certain circumstances you may also be entitled to apply for a season ticket, which would provide free parking at a named City car park. There is, however, an administration fee of £15.00 per year for this ticket :

City Car Parks:

Baynard House

London Wall

Minories

Smithfield

Tower Hill

Whites Row

Should you wish to use this service, please tick the car park you wish to use, enclose payment of £15.00 (we can only accept Cheque or Postal Order). Should your application not be successful your payment will be returned.

Cheques must be made payable to City of London.