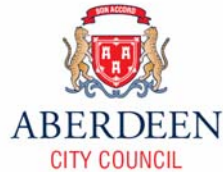


Ref No:



ROAD SAFETY & TRAFFIC MANAGEMENT TEAM

Application Form - Disability Parking Facility

Form must be completed by or on behalf of the Disabled Person

Name:	Address:
Date of birth:	
Telephone No:	
Are You: Council Tenant / Housing Association / Private Owner? (Please circle)	

Do you possess a 'Blue Badge'?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please quote your 'Blue Badge' number:		

Is the car kept at the above address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES , please enclose a <u>copy</u> of:		
Vehicle Registration Document (or) Vehicle Insurance Document to confirm	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Do you have an existing facility in addition to ordinary kerbside parking:	
➤ Driveway	<input type="checkbox"/>
➤ Off-street car park	<input type="checkbox"/>
➤ Lock up / garage	<input type="checkbox"/>
➤ Other - (please give details):	

Additional Information:

Are you a wheelchair user?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES has the vehicle been adapted for wheelchair access?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

'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'.

I certify that the above information is correct.

Signature:

Date:

Enterprise, Planning and Infrastructure
2nd Floor, St Nicholas House, Broad Street,
Aberdeen, AB10 1GY 01224 -523400

For Office Use Only: -	
Ref. No.	Approved:
Site visit:	P.O. No.
Date letter sent:	
Road Adopted: If NO, letter to owner	Date: