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**ADVICE TO APPLICANTS**

**ADVISORY DISABLED PARKING BAYS**

I want to apply for an Advisory Disabled Parking Bay to be marked on the road outside my house.

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **House/Flat number** |  |
| **Road** |  |
| **Town** |  |
| **Postcode** |  |
| **Daytime telephone number**(if none put none) |  |
| **e-mail address**(if you would like us to contact you this way) |  |

**Please tick the boxes below if they apply to you:-**

|  |  |
| --- | --- |
|  | I own a car |
|  | The car I use is owned by someone who lives at my address who provides transport for me. |
|  | I have no adequate off-street parking available. |
|  | I am a Blue Badge Holder |
|  | I qualify for PIP and score 8 or more on the ‘moving around’ indicator in the award or the the higher rate mobility component of Disability Living Allowance |
|  | I have other special medical needs. Please give details below |

Other Special Medical needs:

I have enclosed a copy of the vehicle registration document (showing the vehicle registered at my address) and evidence that I am a Blue Badge Holder in receipt of the higher rate mobility component of the Disability Living Allowance (or letter of support from my GP if over 65).

Signed :

Date :