

Application Form

If you would like this form in an alternative format, then please call us on 01904 551550 with your requirements.

1. Please complete both sides of this form in clear handwriting.

Title		First Name	
Middle Name		Last Name	

Address			
Post Code		Telephone	
Email			

Date of Birth		National Ins. No.											
----------------------	--	--------------------------	--	--	--	--	--	--	--	--	--	--	--

Signature	
------------------	--

I have enclosed:

	A passport-sized photograph - write your name on the back (not required if you've made an appointment or for renewals where your appearance hasn't changed).
	A photocopy of proof of address (A recent gas, electricity, or council tax bill).
	A photocopy of proof of age (Passport, driving licence, birth certificate or a document from the NHS or another government agency which clearly shows your date of birth).
	A photocopy of the documents requested. (Not required if you have provided the serial number of your blue badge).

2. Renewing your pass

If you are applying to renew your pass please write your old pass number here:

633597			
--------	--	--	--

3. If you are signing on behalf of the applicant, please state in which capacity:

Name	Capacity

4. Companion Travel

<input type="checkbox"/>	Please tick this box if you wish the pass to include provision for a companion to travel with you at the concessionary rate.
--------------------------	--

You must include a photocopy of a document proving that you are either in receipt of either Higher Rate DLA, Enhanced Rate PIP, severe disablement allowance, or are certified sight impaired/severely sight impaired.

5. Enquiries

If you have any queries, please call 01904 551550.

6. Lost Passes

If you lose your pass, please call 01904 551550 to report it. You will need to pay a fee of £10 to replace it.

7. Return the completed form to:

Concessionary Bus Passes
FREEPOST RTEG – TYYU - KLTZ
City of York Council
West Offices, Station Rise
York
YO1 6GA

For Office Use Only	
Application No.	
Date Entered	
Date Posted	
Staff Member	

Details of your disability

Please provide the required information for Section 1 and 2.

Section 1 – Details of your disability

Tick which of the following statements apply to you:

	I am registered blind (severely sight impaired)
	I am partially sighted (sight impaired)
	I am profoundly or severely deaf
	I am without speech
	I have a disability that has a substantial and long-term adverse effect on my ability to walk
	I do not have arms or have long-term loss of the use of both arms
	I have a learning disability
	If I applied for a license to drive a motor vehicle, my application would be refused due to physical fitness (other than on the grounds of persistent misuse of drugs or alcohol)

Section 2 – Companion Travel

You must provide a photocopy of one of the following documents to support your application. Please tick which one you have provided:

	Blue Badge permit. Add Serial No:	
	Certificate of Vision Impairment (eg: BD8)	
	Disability Living Allowance (DLA) ¹	
	Personal Independence Payments (PIP) ²	
	Severe Disablement Allowance	
	Armed Forces Compensation Scheme ³	
	Veteran's Constant Attendance Allowance ⁴	
	A medical evidence statement signed by a registered medical professional	

For your information

Completing your application at West Offices

If you would prefer to apply in person, call **01904 551550** to make an appointment then bring your documents to show to our Customer Service staff on the day.

Document Requirements:

1. DLA must be at high/middle rate for care, or high rate for mobility.
2. PIP must be at enhanced/standard daily living rate, or enhanced mobility rate.
3. Armed Forces Compensation Scheme payments must be at tariff 1 to 8.
4. Veteran's Constant Attendance Allowance must be at full day rate, intermediate rate or exceptional rate.

What to do if you don't have all the information we need

If you are unable to supply sufficient supporting documentation, you must provide a letter from a registered medical professional which confirms that the statement you have made concerning your disability in **section 1** is correct. A standard letter can be provided on request. **City of York Council will not be liable for any charges made by your medical practitioner for completion of the letter.**

Fraud Detection

City of York Council 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 improvement of financial management and the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.