



**CONFIDENTIAL**

### ***APPLICATION FOR DISABLED PERSONS PARKING BAY (DPPB)***

Please read the attached notes and conditions before completing this form.

**Complete all parts using BLOCK CAPITALS.**

<b>PART 1: Applicant's details</b>	
Title (Mr/Mrs/Miss etc.):	
Surname:	
Forename(s):	
Date of birth:	
Address:	
Post code:	
Telephone number:	
Blue Badge number:	<div></div> <b>Please enclose photocopy of the valid Blue Badge.</b>
Blue Badge expiry date:	
Blue Badge issuing authority:	
Is the Blue Badge issued to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, who is it registered to and what is their relationship to you?	Issued to: <div></div> Relationship: <div></div>
<p>Please indicate which of the following is received or entitled to:</p> <div><input type="checkbox"/> Higher Rate Mobility component of Disability Living Allowance</div> <div><input type="checkbox"/> Higher rate Attendance Allowance (see notes)</div> <div><input type="checkbox"/> War Pensioner's Mobility Supplement</div> <div><input type="checkbox"/> PIP entitlement (see notes)</div> <div><input type="checkbox"/> Other entitlement may be allowable (please state below)</div> <div><div></div></div>	
<b>Please enclose an up to date copy of the letter with name and address as proof.</b>	
<b>PART 2: Vehicle details</b>	
Are you the driver of a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please enclose copies of your Driving Licence, Vehicle Registration / Hire Agreement.</b>	
If NO, please provide details of the main driver of the vehicle and <b>enclose proof of residence including a copy of their Driving Licence and Council Tax statement or utility bill and</b>	

**Vehicle Registration Document**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Do you have facilities for off-street parking (including own, rented or have use of a garage or (shared/individual) hard-standing area, etc.)?

Yes ☐No ☐

Do you experience frequent problems parking within walking distance of your property?

Yes ☐No ☐

<b>PART 3: Declaration by applicant</b>	
<b>Your application cannot be considered unless you have agreed to and ticked ALL of the following statements:</b>	<b>Please tick</b> ✓
a) I declare that all the information I have given in this application is correct.	
b) NA	NA
c) I have enclosed copies of all required documents: <ul style="list-style-type: none"> <li>• Blue Badge (both sides, including number and photograph).</li> <li>• Proof of receipt of, or entitlement to, required benefits. Proof of PIP including 8 points for moving around component</li> <li>• Vehicle Registration (V5C) / Motability Operations Hire Agreement document.</li> <li>• Proof of Residency</li> <li>• Copy of Drivers Licence</li> <li>• Other (as applicable)</li> </ul>	
<b>d) I acknowledge that any Blue Badge holder can use the DPPB.</b>	
e) I agree to have a sign restricting the use of the bay to 'Disabled badge holders only', fixed to my boundary wall or fence or a post installed outside my property if appropriate.	
f) NA	
g) I understand that the provision of the DPPB will be regularly reviewed and I agree to provide copies of the documentation required by the Council for this purpose.	
h) I agree to notify the Council immediately if any of the details stated in this application form change and accept that the DPPB will be removed should the required criteria no longer be met e.g. loss of entitlement to benefits.	
i) I agree to my information being used as explained below: <ul style="list-style-type: none"> <li>• The information provided will be processed by Dartford Borough Council in connection with the Disabled Persons Parking Bay Scheme.</li> <li>• The information provided may be disclosed to partners acting on the Council's behalf or other agencies in the administration of the scheme and your address disclosed as part of the local consultation process.</li> </ul>	
<p><b>The information you have provided will be processed by Parking Services to administer the Disabled Persons Parking Scheme. Your address details may be disclosed as part of the local consultation process to partners acting on the Council's behalf in the administration of the scheme. All personal data is held securely by the Council and its partners and will be disposed of securely when it is no longer required. By signing this document, you hereby agree to your personal data being used as described herein.</b></p> <p><b>Please sign and date below agreeing to all the statements a) to i) in PART 3 above and also to the accuracy of the information supplied by you in PART 1 and PART 2.</b></p>	

**Signature**

**Date**

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