

Organisational Blue Badge Application Form



Telephone enquiries (01926) 410410
Ask for the Blue Badge Team

Please complete all sections of the application form in black ink only and supply the appropriate documents to confirm your address and evidence of eligibility.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Section 1 – Information about organisation

This form is intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle/vehicles (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge. Please see the accompanying guidance note for a list of the eligibility criteria prescribed in the regulations that govern the scheme.

An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.

Organisational badges will therefore only be issued to an organisation which:

- **Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and**
- **Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.**

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge – and must not be used for the employee's benefit when they are carrying out other business on behalf of the organisation. It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge.

If you are unsure about how to answer these questions, then please consult the guidance notes enclosed with this application form.

Name of organisation:

Main contact name:

Address:

_____ Postcode: _____

Telephone: _____

Email: _____

Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge? See the accompanying guidance note for a list of the eligibility criteria.

Yes: No:

If YES, please give details of the nature of this care:

As part of that care, does your organisation provide them with transportation?

Yes: No:

If YES, please give details of the types of vehicles used and how often they are used to transport disabled people:

Type of vehicle	Frequency used to transport disabled people

Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation class?

Yes: No:

If YES, please give details and attach a photocopy of the tax disc(s) to this application.

How many disabled people are in the care of your organisation?

people

How many of these people are already in receipt of a Blue Badge as individuals?

people

How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals (see description of eligible disabled people in the accompanying guidance note)?

people

Charity Number of your organisation: (if applicable)

Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:

How often do you envisage your organisation will use the Blue Badge?

If you already have an organisational Blue Badge:

What is the serial number on the current badge(s)?

What is the expiry date of the current badge(s)?

------------------	------------------

How many organisational badges are you applying for?

(Please note that your organisation will be required to pay the badge issue fee for each Organisational Badge that is issued)

Please provide the Vehicle Registration Numbers of the vehicles in which you intend to use the Blue Badge:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Further information

Is there anything else you can add that you think is relevant in support of your application for a Blue Badge?

Section 2 – Further information, declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

2a) Mandatory declarations about the information you have provided and the application process

Please read the following declarations.

Please tick each one in the white box provided to indicate that you have read, understand and agree with each declaration.

Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | I understand that I must promptly inform my local issuing authority of any changes that may affect my organisation's entitlement to a badge. |
| <input type="checkbox"/> | I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud. |
| <input type="checkbox"/> | I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge. |

2b) Please ensure you have enclosed:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | a photocopy of the tax discs for any vehicles registered under the Disabled Passenger Vehicle (DPV) class. |
| <input type="checkbox"/> | Your organisation's logo. |

2c) Badge issue fee

The current application fee is £10.

Cheque or Postal Order made payable to Warwickshire County Council.

2d) Your signature against the declarations

Please print your name here:

Date of application: (DD/MM/YYYY)

Your signature:

Please return your completed form to:

Warwickshire County Council, Customer Service Centre, Shire Hall, Market Square, WARWICK, CV34 4RL