

# Concessionary Travel

## Bus pass application - Disabled Person's Pass

For people below retirement age who have not previously held a  
Warwickshire bus pass



### Part 1. About the applicant

Title	Mr / Ms / Mrs / Miss / Mx / Other _____	
First Name		Address _____ _____ _____ _____
Surname		
Date of Birth		
National Insurance Number (if known)		
Phone number		
Mobile number	Postcode	
Personal email address*	_____	

\* The address needs to be unique – you should not use a shared email address.

If you have your own unique email address then;

- we will email you when your pass is posted
- we can send you a reminder when your pass is due to expire
- we can use email it to contact you instead of sending a letter
- you can get an online account to manage your bus pass

**!** *If two people try to use the same email address, then this can cause problems with both bus passes.*

<input type="checkbox"/>	Please send an email when my pass is due to expire
<input type="checkbox"/>	I do not wish to receive a reminder email when my pass is due to expire
<input type="checkbox"/>	I do not have my own personal email address

### Part 2. Why are you applying for a bus pass?

You can apply if you are below state retirement age and if you have a qualifying disability – there are seven categories of qualifying disability.

Mark X against your answer.

<input type="checkbox"/>	category A. Severely sight impaired (blind) or sight impaired (partially sighted)
<input type="checkbox"/>	category B. Profoundly or severely deaf i.e. >70dBHL in both ears
<input type="checkbox"/>	category C. Without speech
<input type="checkbox"/>	category D. Has a disability which has a substantial and long term adverse effect on ability to walk
<input type="checkbox"/>	category E. Do not have arms, or has lost the use of both arms
<input type="checkbox"/>	category F. Learning disability with significant impairment of intelligence and social functioning
<input type="checkbox"/>	category G. Would be refused a driving licence, other than through the misuse of alcohol or drugs * N.B. You also need to sign the additional declaration in Part 6 *

**Part 3. Do you qualify (and want to apply) for the companion (+1) add-on?**

Mark X against the Reason which applies to you

	None of the Reasons apply to me (or I do not want to apply)
	Reason 1. I am registered severely sight impaired (blind)
	Reason 2. I need to be accompanied or supervised by a carer 24 hours a day
	Reason 3. I have a physical disability which means I am unable to get on or off the bus without the assistance of another person

**Part 5. Evidence to support your application**
**Date of birth (DoB)** - please supply ONE document

Mark X below against the evidence you have included

	Passport (valid or expired) provided it is in the same name
	Driving licence (provided DoB is clearly shown)
	Birth Certificate in current name
	Birth Certificate plus proof of name change
	NHS Letter or Prescription which shows DoB (provided NHS docs are not used for Address)
	Non-UK National Identity Card
	Marriage/Civil Partnership Certificate if DoB is shown

**Address** - please supply ONE document, which must be dated within the last 12 months.

This must be a different document to your DoB evidence above.

Mark X below against the evidence you have included

	Council tax bill (current tax year)
	Utility bill in your name (gas, electricity, water) - dated within last 12 months
	Personal landline telephone bill
	Rent receipt/tenancy agreement - from Council, Housing association or Letting Agency - dated within last 12 months
	NHS Letter or Prescription which shows address (provided NHS docs are not used for date of birth) - dated within last 12 months
	Letter from DWP which includes National Insurance Number - dated within last 12 months
	Housing benefit/council tax letter benefit - property address matches postal address - dated within last 12 months
	Personal tax letter from HMRC which includes National Insurance Number - dated within last 12 months
	Letter from The Pension Service at DWP - dated within last 12 months
	Letter from The Probation Service - dated within last 12 months
	Letter from JobcentrePlus - dated within last 12 months
	Current mooring licence - dated within last 12 months

## Part 6. Additional evidence for a disabled person's pass

You need to supply **ONE** document from the list in the Information Sheet for the relevant **Category** (available online at <https://www.warwickshire.gov.uk/dpp>)

Describe your disability

Tell us what evidence you have included

*Please note – PIP letters must be dated within the last 12 months AND contain the points breakdown. They are only accepted as evidence for categories C and D.  
ESA and other benefit letters are not evidence of a qualifying disability.*

### Category A applicants only:

If you are registered with Warwickshire Vision Support you can provide your registration details here rather than sending a copy of your card

Number \_\_\_\_\_ Date of Registration \_\_\_\_\_

### Category G applicants only: Mark X below against the appropriate statement here

	I confirm that I DO NOT have a current full driving licence or current provisional driving licence
	I understand that I must notify DVLA and surrender my driving licence to because I am not allowed to hold one on medical grounds.

## Part 7. Additional evidence for a companion (+1) add on

I am not applying for the companion (+1) add on – **Please go to Part 6 below**

I am applying for the companion (+1) add on - please supply ONE document from the following lists and mark X to show which you included

Reason 1 - Evidence that you are registered severely sight impaired (blind)

	1	Registration card - severely sight impaired (blind) or sight impaired (partially sighted)
	1	Certificate of Visual Impairment (CVI) or BD8 Form
	1	Warwickshire Vision Support registration number – please give it here Number _____ Date of Registration _____

Reason 2 - Evidence that you need to be accompanied or supervised by a carer 24 hours a day

	2	CT-COMP2 evidence form
	2	DLA Higher Rate Care Component, dated within the last 12 months (applicants age 11 to 18 only)
	2	Higher Rate Attendance Allowance, dated within the last 12 months (applicants over state pension age only)

Reason 3 - Evidence you have a physical disability which means you are unable to get on or off the bus without the assistance of another person

	3	CT-COMP3 evidence form
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## Part 8. A passport style photograph must be supplied

### The photo must meet the following criteria

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Passport sized (approx. 45mm tall x 35mm wide)</li> <li>• Printed on photographic paper</li> <li>• Colour, ideally against a plain background</li> </ul> | <ul style="list-style-type: none"> <li>• Show a close up of your full head and shoulders</li> <li>• You must make sure that no other person appears in the photo background.</li> <li>• You should not be wearing a hat or sunglasses.</li> </ul> |
|---|---|

Mark X below to confirm that a suitable photo is enclosed

I have enclosed a suitable photo

## Part 9: Declaration

*To be signed by the applicant, or by their representative if they are unable to sign for themselves*

By submitting this form I agree that

- I wish to apply for a Warwickshire disabled person's bus pass.
- I declare that the information provided in this form is true and accurate.
- I will abide by the terms and conditions of the scheme (copy available on request).
- The Council may check the information against other sources to verify the application.
- The pass is solely for my use. Misuse may result in prosecution and the pass will be withdrawn.
- (If applicable) I understand that the companion (+1) add-on has been provided at the discretion of WCC. I also understand that my carer has no right to use the pass without me and will not get a pass of their own

Signature of applicant

Date

If the applicant cannot sign for themselves, their representative should sign below

Signature

Name of person signing

Relationship to applicant. or authority to act for them

***Please do not send originals of your evidence*** as we cannot accept responsibility for the safe return of any documents that are sent to us.

***Please send the form to us at:***

WCC Concessionary Travel

The Post room, Rear of Shire Hall, Warwick, CV34 5RL

**Telephone enquiries: (01926) 359180** Monday to Friday 9am – 4.30pm

**Email enquiries** [ct@warwickshire.gov.uk](mailto:ct@warwickshire.gov.uk)

**Privacy Statement**

This service administers the Concessionary Travel scheme in Warwickshire. Our valid lawful basis for processing personal data is a legal obligation.

To see how we use your personal data and what your information rights are, please read our Concessionary Travel privacy notice. It should be read in addition to the council's overall customer privacy notice at [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy) which includes the contact details if you have a complaint about your information rights. For general enquiries contact Warwickshire County Council customer services on 01926 410410.

**FRAUDULENT USE OF YOUR PASS MAY RESULT IN PROSECUTION**