

## Application form for advisory 'On-street' disabled parking bay

Blue Badge holders may apply for an advisory disabled parking bay outside their home. Our policy sets out the eligibility criteria for applicants.

### Your details (details of the Blue Badge holder)

Name:			
Address:			
Postcode:			
Email address:			
Home phone:		Mobile phone:	
Type of property (e.g. flat, house):			

### Your vehicle (details of the Blue Badge holder's vehicle)

Are you the driver?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, state driver's name and their relationship to you:				
Make and model of vehicle, e.g. Renault Clio:				
Car registration:				

**PLEASE PROVIDE A SCANNED IMAGE/ PHOTOCOPY OF THE V5 DOCUMENT FOR THE VEHICLE REGISTERED AT THE APPLICANT ADDRESS**

## Your Blue Badge

Do you hold a Blue Badge?

Yes

☐

No

☐

Name on Blue Badge:

**PLEASE PROVIDE A SCANNED IMAGE/ PHOTOCOPY OF THE FRONT AND BACK OF THE BLUE BADGE**

## Your disability

Please state the nature of your health condition or disability (please tick):

- ☐ Visual Impairment
- ☐ Learning Disability
- ☐ Physical Disability
- ☐ Hearing Impairment
- ☐ Mental Health Condition
- ☐ Prefer not to say
- ☐ Other (please specify)

Do you use any aids to assist with your mobility?

Yes

☐

No

☐

To help process your application, we may need to contact your doctor. Please tick the box to indicate your consent:

☐

Doctor's name and address:

If you are a passenger, can you be left alone while the driver parks the vehicle?

Yes

☐

No

☐

If no, please explain why:

## Your parking

Do you have a garage available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have access to suitable off-street parking? (with a width of over 2.7m and a depth of 5.5m)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## Your application and Signature

The form should be signed by the Blue Badge holder or the person filling out the form on behalf of the Blue Badge holder.

**DECLARATION:** The information provided above is accurate, and I confirm that I have read and understood the policy before submitting this application. I understand that if the application is approved, the parking bay will be advisory only and not subject to formal enforcement. Although I am the applicant, I acknowledge that other Blue Badge holders may also use the bay. I will notify Solihull Metropolitan Borough Council's Economy and Infrastructure Directorate if the bay is no longer required.

Signature:		Date:	
Print name:			

Please submit your completed application form, a photocopy of your Blue Badge (front and back), and a photocopy of the V5 document, to:

Email: [hbarandbbps@solihull.gov.uk](mailto:hbarandbbps@solihull.gov.uk)

For Help, Tel: 0121 704 8001

### Personal information collected on forms:

When we collect your personal information through a form, it will be used only for the stated purpose and stored securely. We will not use it for any other purpose without your consent, and it will not be kept longer than necessary.