



**DISABLED PERSON'S PARKING BADGE
(BLUE BADGE) FOR INSTITUTIONS**

APPLICATION FORM: To be completed in block capitals

1. Full name of Institution:

2. Address of Institution:
(include post code) _____

3. Telephone No. _____

4. Age range of disabled residents

5. Registration mark of vehicle for which badge required

6. Description of vehicle (make / type)

7. Person in authority making application

Name _____ Signature of that person _____

NOTES

- A. Institution badges are only issued to institutions caring for a minimum of 5 physically disabled persons.
- B. The person shown at Q5 is responsible for the correct use of the Blue Badge at all times
- C. The Institution logo / letterhead is required before a badge can be issued.

GP's CERTIFICATE

PLEASE READ NOTE OVERLEAF BEFORE COMPLETING THIS CERTIFICATE

I certify that _____ is a registered institution caring for physically disabled people who have extreme difficulty in walking.

Signed _____ Position Held _____
Medical Practitioner

Address _____

FOR OFFICIAL USE ONLY

Badge Number _____ Date Issued _____

Expiry Date _____

Customer Service Centre (HTWM)

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