



Buckinghamshire County Council

Head of Adults & Family Wellbeing Service Provision: Kerry Stevens

Council Offices, Easton Street, High Wycombe, Bucks, HP11 1NH

Tel.: (01296) 382902 Fax: (01494) 475043 Text relay 18001 0845 3708090

www.buckscc.gov.uk/disabled_persons_car_badges

APPLICATION FOR REPLACEMENT DISABLED CAR BADGE (BLUE BADGE)

LOST /STOLEN / DAMAGED / FADED

All questions must be answered in full. Failure to do so will result in delays in processing your application.

PART A: PERSONAL DETAILS:

To be completed by all applicants

Title (Mr, Mrs, Miss / Ms)	Forename/s	
Address	Surname:	
	Male / Female (please state)	
	Date of Birth	
	Telephone:	
	Email:	
	National Insurance (NI) number:	
Nature of your disability:		
Name of your family doctor:		
Address of your family doctor		

PART B: LOST /STOLEN BADGE

Current Badge Number (if known)	
Expiry date (if known)	
Date Badge lost/stolen:	
Please give details (e.g. where badge was lost):	
Date Police notified:	
Police Station reported to	

PART C:

Replacement badges will be supplied with the expiry date the same as the date that appeared on the original badge. The record of the original badge will be updated to show that it is no longer valid and this information will be passed to street enforcement teams where possible.

An administrative charge of £2 is required to issue a replacement badge.

Lost badges: if the badge is subsequently found or recovered it must be returned to Buckinghamshire County Council so that it can be destroyed.

Damaged badges: must be returned to Buckinghamshire County Council to be officially destroyed once the replacement badge has been received.

PART D - Declaration

Declaration to be completed by all applicants (or a representative if you are unable to sign or aged less than 16 years)

- I declare that to the best of my knowledge all the information that I have provided is correct.
- I understand that I must promptly inform my local issuing authority any changes that may affect my entitlement to a badge.
- I enclose a £2 administration fee
- I enclose one passport type photograph which I have signed my name on the back.
- **Data Protection Act 1998:** I understand that the information supplied by me on this form will be maintained by the Local Authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows.

Signed:

Date:

Print name:

Please also place your specimen signature in box below.